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**City and County of the City of Gloucester.**



**ANNUAL REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

FOR THE

**CITY AND PORT OF GLOUCESTER**

AND

**PRINCIPAL SCHOOL MEDICAL OFFICER**

FOR THE YEAR 1961



WITH THE COMPLIMENTS OF THE MEDICAL OFFICER OF HEALTH.



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# HEALTH COMMITTEE

1960/61

Chairman:

Alderman R. E. H. Moulder

Deputy Chairman:

Alderman E. Harris

Members:

The Mayor (Ex-Officio)  
Alderman M. G. Lewis  
(Deputy Mayor)  
Alderman T. Thomas  
Alderman F. Phelps  
Councillor Mrs. L. R. Langdon  
Councillor W. May  
Councillor F. Davenport  
Councillor V. S. Waters  
Councillor Mrs. F. S. Creese  
Councillor F. L. Dowle  
Councillor F. Jordan  
Councillor F. E. King  
Councillor D. C. Frape

NATIONAL HEALTH SERVICE  
SUB-COMMITTEE

The whole of the Members of the Health Committee with the addition of the following co-opted Members:

Mrs. E. M. White  
Miss V. M. Dover, S.R.N.  
Mr. W. H. Gingell  
Mrs. K. Heal, S.R.N.  
Mrs. H. F. Etheridge  
Mr. B. S. Saunders, L.D.S., R.C.S.  
Dr. G. C. C. Wharton  
Dr. A. J. S. James  
Mrs. E. Eggleton  
Mrs. E. Phelps  
Mrs. V. G. Lawson  
Mrs. R. Layton  
Mrs. M. E. Armitage  
Mrs. D. A. Smith

AFTER CARE SUB-COMMITTEE  
(including Mental Health)

Alderman R. E. H. Moulder  
Alderman F. Harris  
Councillor Mrs. L. R. Langdon  
Councillor Mrs. F. S. Creese  
Councillor F. E. King  
Mrs. E. Eggleton  
Dr. D. Lindsay Walker  
Mrs. E. Phelps  
Mrs. D. A. Smith

1961/62

Chairman:

Alderman R. E. H. Moulder  
(Mayor)

Deputy Chairman:

Councillor Mrs. L. R. Langdon

Members:

Alderman G. A. H. Matthews  
Alderman F. Harris  
Alderman T. Thomas  
Alderman F. Phelps  
Councillor D. C. Frape  
Councillor F. Davenport  
Councillor I. C. Pritchard  
Councillor V. S. Waters  
Councillor Mrs. F. S. Creese  
Councillor F. L. Dowle  
Councillor F. Jordan  
Councillor F. C. Carr  
Councillor L. R. Jones  
Councillor A. Ross

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Mrs. R. Layton  
Mrs. M. E. Armitage  
Mrs. V. E. Price

AFTER CARE SUB-COMMITTEE  
(including Mental Health)

Alderman R. E. H. Moulder (Mayor)  
Alderman G. A. H. Matthews  
Councillor Mrs. L. R. Langdon  
Councillor Mrs. F. S. Creese  
Dr. D. Lindsay Walker  
Mrs. E. Eggleton  
Mrs. E. Phelps  
Mrs. V. E. Price

# HEALTH OFFICERS OF THE AUTHORITY

CHARLES COOKSON, M.D., D.P.H., Medical Officer of Health, City and Port of Gloucester, Principal School Medical Officer, Medical Officer of Over Hospital.

VALERIE N. BAKER, M.B., Ch.B., D.Obst.R.C.O.G., Senior Assistant Medical Officer of Health, School Medical Officer.

ROBERT E. A. S. HANSEN, B.A., M.B., Ch.B., D.P.H., Assistant Medical Officer of Health, School Medical Officer.

F. J. D. KNIGHTS, M.R.C.P., and R. H. ELLIS, M.R.C.P., Chest Physicians and Mr. H. A. HAMILTON, F.R.C.O.G., and Mr. E. M. EDWARDS, M.R.C.O.G., Consultant Obstetricians. Part-time, by arrangement with the South Western Regional Hospital Board.

Drs. H. CAIRNS-TERRY, J. GREENE, Jnr., R. B. BARNES, W. MURRAY, N. LEWIS, G. C. MATHERS, J. V. ROSE, P. G. CRONK and A. J. S. JAMES, Medical Officers, Infant Welfare Centres, part-time.

J. P. WILSON, L.D.S., R.C.S., Principal School Dental Officer.

Messrs. R. G. BOODLE, L.D.S., I. J. BARRETT, L.D.S., J. R. COND, B.D.S., I. M. PATERSON, B.D.S., F. G. PULFORD, L.D.S., D. J. EDWARDS, B.D.S., and N. TIBBITTS, School Dental Officers, part-time.

L. V. MARTIN, M.B., F.S., F.F.A., R.C.S., D.A., Consultant Anaesthetist.

E. G. WHITTLE, B.Sc., F.R.I.C., Public Analyst, part-time.

I. DEMBREY, B.Sc., F.R.I.C., Assistant Public Analyst, part-time.

Public Health Inspectors: Messrs. R. I. WILLIAMS (Chief and Port Health Inspector), G. W. ALEXANDER (Senior and Assistant Port Health Inspector), G. J. AINSCOUGH (left 10.8.61), R. BAYLIS, E. A. BLUNDELL, J. BOURNE (commenced 29.9.61), R. A. OSTLER, J. RICHARDS (commenced 29.9.61), R. C. UPHAM and R. E. WORKMAN (commenced 1.4.61); Capt. H. H. BURBRIDGE (Assistant Port Health Inspector, part-time).

Health Visitors: Miss A. R. TAYLOR (Superintendent Nursing Officer) (left 30.9.61), Miss F. COLLINS (Superintendent Nursing Officer) (commenced 1.10.61). The Misses E. H. GARRETT, I. V. HODNETT, C. JONES, M. D. I. LEWIS,\* J. MACNAMARA, K. V. SPARKS and E. S. VIDAL, and the Mrs. G. M. ATKINSON, V. JONES, J. TANNER and I. WATSON. The Misses J. GILLARD, H. HUGGINS and F. TUBBY (Students). Mrs. E. SHORE-NYE (Part-time).

(\* Ante-Natal Clinic Superintendent)

R. B. STEPHENS, B.Sc., M.P.S., Chief Pharmacist and Medical Supplies Officer, Health Centre, 20 Longsmith Street, together with an Assistant, an Assistant in Dispensing, a nurse and three lay staff.

F. L. MAYO, M.P.S., Chief Pharmacist, Health Centre, 11 Barton Street, together with two Assistants in Dispensing.

Miss J. HALL, S.R.N., C.N.C., C.N.M., P.S.W., Psychiatric Social Worker.

Miss G. GAPPER and Miss G. M. HOLLOWAY, Home Teachers for the Blind.

Miss L. CLARK, L.C.S.T., Speech Therapist (commenced 19.2.62).

E. T. CHINN, Chief Ambulance Officer.

H. J. HARVEY, Chief Clerk and Senior Mental Welfare Officer.

Nine whole-time and three part-time clerks (including two Mental Welfare Officers); one Assistant Home Help Organiser; one whole-time, one part-time School Health Service clerks; two Dental Attendants, whole-time, and two part-time Assistants, in conjunction with the Education Committee; one Disinfecting Officer and three Rodent Operatives.

#### NOTES ON STAFF

I should like to take this opportunity to thank the Health Committee for its generous outlook in assisting members of staff to take higher qualifications. I refer particularly to the Assistant Medical Officers of Health and to the Psychiatric Social Worker.

The Assistant Medical Officers were allowed time off without deduction from salary, and Dr. Hansen obtained his Diploma in Public Health in June, 1961, in fact, he was awarded the prize given to the best student of the year. Dr. Baker is at present studying for the Diploma, the course for which ends next year. Not only was this generous arrangement agreed to, but the Committee also allowed us the services of a locum during such times when an Assistant was not available. Miss Hall, who had been a member of the District Nursing Society's staff, began to train as a Psychiatric Social Worker two years ago. She was treated by the Committee in the same way as Health Visitors are treated so far as remuneration goes, and now she is qualified and a report of her activity in her new appointment is included in this Report.

The generosity of this decision by the Committee is, I think, fully justified by the extra services that the above three members are now giving, which has been greatly increased as a result of their further training.

#### RETIREMENT

I very much regret to record the retirement of Miss A. R. Taylor from the post of Superintendent Nursing Officer this year. Miss Taylor was a great colleague to have. She was clear thinking and quick in her work; faithful and utterly reliable. She had been involved in the post-war development of the social services and played a leading part in those relating to maternity and child welfare work. She served on the Nursing Advisory Committee of the Regional Hospital Board and for some years had been a member of Standish Management Committee. Her services and her views were wanted by many in addition to ourselves and she has served this Local Authority very well indeed. It is hoped she will have a very happy retirement.

# HEALTH SERVICES

Health Department, Priory House, Greyfriars  
(Telephone 24416-7)

## CLINICS AND CENTRES

### Relaxation Classes

Charles Cookson Clinic,  
Great Western Road  
(Telephone 23253)

By appointment.

### Ante and Post Natal Clinics

Charles Cookson Clinic,  
Great Western Road  
(Telephone 23253)

Nurses' and Doctors'  
Sessions by appointment.  
Booking Monday, 9.30 a.m.

### Health Centres

20 Longsmith Street (Telephone 27217)  
11 Barton Street (Telephone 22682)

### Infant Welfare Centres

Trinity Baptist Church Sunday School,  
Selwyn Road  
Mission Hall, Sherborne Street  
St. Stephen's Church Hall, Linden Road  
Community Centre, Matson  
St. George's Hall, Lower Tuffley  
St. Michael's Hall, Lower Tuffley  
Tyndale School, Stratton Road  
Church Hall, Coney Hill  
Elmscroft Community Centre, Barnwood Road  
11 Barton Street

Tuesday, 2.0 p.m.  
Wednesday, 2.0 p.m.  
Wednesday, 2.0 p.m.  
Wednesday, 2.0 p.m.  
Alternate Thursdays, 2.0 p.m.  
Alternate Thursdays, 2.0 p.m.  
Friday, 2.0 p.m.  
Friday, 2.0 p.m.  
Friday, 2.0 p.m.  
Friday, 2.0 p.m.

### General

Chest Clinic, Gloucestershire Royal  
Hospital, Great Western Road

By appointment.

Tuberculosis Immunisation Clinic

By appointment.

Immunisation against Diphtheria,  
Whooping Cough, Smallpox and  
Poliomyelitis

At all Infant Welfare  
Centres; and at School  
Clinic, Friday, 2.30 p.m.

## SCHOOL HEALTH SERVICE

### School Minor Ailment Clinics are held as follows:

School Clinic, 15 Brunswick Road  
(Telephone 20734)

Monday and Friday  
morning.

Also at the following schools:

Finlay Road, Open Air, Coney Hill, Grange Road, Lower Tuffley,  
Longford Special School and Archdeacon Street.

### School Dental Clinic

Ivy House, Barton Street  
(Telephone 20436)

By appointment  
(except for emergencies)

### Speech Therapy Clinic

School Clinic, 15 Brunswick Road  
(Telephone 20734)

By appointment.

### Child Guidance Clinic

Maitland House, Spa Road

By appointment.

Medical provision for all other physical disabilities is made in association  
with the local hospitals.

## AMBULANCE SERVICE

Ambulance Station, Eastern Avenue (Telephone 25055-6)

Health Department,  
Priory House,  
Greyfriars,  
Gloucester.

To the Mayor, Aldermen and Councillors  
of the City of Gloucester.

I have the honour of presenting my Annual Report for 1961.

A short introduction heads each section of the Report, drawing attention to salient points.

In this general introduction, therefore, I shall simply draw attention to two particular projects which are unusual in local authority work.

A. Firstly, it was hoped that the new Ante-Natal Clinic would have been finished this year, but it will not be opened until early in 1962. The Clinic typifies the close working of the three organisations concerned with midwifery services - (1) the Local Authority, which is responsible for the domiciliary midwives and ante-natal provision for their patients, (2) the local Hospital Management Committee, which is responsible for the hospital midwives and ante-natal provision for their patients, (3) Gloucester District Nursing Society, which acts as agents and provides midwives and supervisory staff for both the Local Authority and the Hospital Management Committee.

The National Health Service Act, 1946, split up the midwifery service, but the Cranbrooke Report is not alone in suggesting its reunification.

In this City the split has in effect not occurred, except financially, because the Local Authority's Ante-Natal Clinic and the administrative staff have continued to serve the hospital and domiciliary patients; and, in fact, have undertaken arrangements for all admissions to hospital as well. The Hospital Medical Staff, together with their general practitioner clinical assistants have continued to work at the Clinic.

The introduction of the "Bradford Scheme" in 1960, by which certain mothers may elect beforehand to return home forty-eight hours after their confinements if all goes well, emphasises the unification of the midwifery service in the City, because after discharge from Hospital, mothers are still looked after by the same Society's staff. As, however, the more frequent use of the hospital beds caused by a shorter stay in these cases, throws a heavier strain on the staff, it is hoped that soon domiciliary midwives will be able to enter hospital to help deliver and look after these short stay cases.

When it is recalled that the demand for confinement in hospital is increasing and that in the new Gloucester Hospital Centre provision is being made for 70% of all City confinements (instead of 50% as at present) then the work of the Hospital staff will increase still again.

Discussions between the Chairman of the Society (Dr. John Greene), the Vice-Chairman (Mr. H. A. Hamilton) and the second obstetrician (Mr. E. M. Edwards) and myself brought us to the unanimous decision that it is time to take the next step and appoint one person as administrator of the whole midwifery service. This should then make possible the fusion of the domiciliary and hospital midwives into one service.

As staff can live out, it seems reasonable nowadays to provide flats or "bed sitters" away from hospital, and for midwives to undertake both hospital and domiciliary duties indiscriminately. Any such scheme must aim at a mother being looked after so far as possible by the same midwife during her confinement. Such a scheme must also have the full approval of the midwifery staff who are to work it, before it is started.

B. The second project is unrelated to the first, but again is an attempt to unify a service which at present is divided. I refer to the new Centre for Juniors to be built in the grounds of Longford School.

At present, if a child cannot benefit from education at an ordinary school, then, whatever the handicap, it must be taught at a school where special teaching methods are used (e.g. a school for educationally subnormal children). If, however, a child cannot be taught even by these methods, then it is officially regarded as ineducable and no longer the responsibility of the Education Committee. It becomes the responsibility of the Health Committee to provide suitable "Training Centres" and it is compulsory for such children to attend them, just as in an ordinary school attendance is compulsory.

The differences between ordinary, special and ineducable children are simply those of degree and the borderline separating them is difficult to draw.

At "Training Centres" children are taught things which are also taught in special schools, particularly care of themselves and their habits.

If I exclude children who are so grossly defective that an independent existence is impossible (i.e. cases which should be in hospital), then all the rest can be trained by appropriate modifications of the same teaching principles.

I venture to assert that children of all intelligences should at least come under the administrative control of teachers and, if possible under teachers in individual classes too.

This view was accepted by the City Education Officer, the Education Committee and the City Council, as well, of course, by the Health Committee, and after visits to appropriate Ministries, it was agreed that we should build a Centre in the grounds of Longford School.

It should be said at once that no progress with this scheme would have been possible unless the personalities concerned were of one mind; in fact, they became enthusiastic to make the scheme work. The Headmaster of Longford School, Mr. Tunstall, has been particularly enthusiastic and hardworking in making progress with the scheme, and after two years of investigation and sorting out difficulties, official sanction was granted by the Ministry of Health; it is hoped the work will begin early in 1962.

It is thought that this is the only Centre of its kind which is built in the grounds of a school and administered by a teacher and, no doubt, many perplexing problems have still to be solved, notably different types of staff, control, and so forth; but with everyone wanting to make this scheme work, I have no fears of the outcome; and most of all we will be doing something to stop the artificial division between children who go to school and children who go to occupation centres, which often involves much upset to both the children and particularly to their parents.

I cannot conclude this Report without again thanking you, Mr. Mayor, and all members of the City Council, particularly members of the Health and Education Committees, for their continued support.

I am also very heavily indebted to my Senior Assistant, Dr. V. N. Baker, and to Dr. Hansen for the work they have accomplished during the year, but more particularly to the new ideas they have brought with them and their zest in applying them. I should also like to thank all members of the Health Department for their continued help.

I beg to remain

Your obedient Servant

CHARLES COOKSON

Medical Officer of Health,  
Principal School Medical Officer  
and Port Medical Officer.

# SECTION A

## STATISTICAL CONDITIONS OF THE AREA

### General Statistics - 1961

Area (Estimated)	5347 acres
Estimated Home Population	69,780
Area Comparability Factors	Births 0.99 Deaths 1.06
Number of inhabited houses at end of year according to rate books	19,581
Rateable Value	£1,138,626
Sum represented by a Penny Rate (estimated)	£4,720

### Vital Statistics for 1961

These call for little comment this year.

The birth rate remains the same as last year, though the population and the total births increased.

The death rate and the total deaths are greater than last year, but it is of interest to note that the death rate for the whole country rose sharply to the highest figure since 1951.

There were no maternal deaths.

There were fewer infant deaths and still-births.

The illegitimacy rate remained about the same.

Deaths from cancer were slightly down on last year.

The incidence of all infectious diseases (except gonorrhoea) was less than last year, especially in the case of tuberculosis.

<u>Live Births</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>	
Legitimate	638	637	1,275	
Illegitimate	38	51	89	
	<u>676</u>	<u>688</u>	<u>1,364</u>	
				Rate per 1,000 of the estimated resident population: 19.5.
<u>Stillbirths</u>	9	21	30	Rate per 1,000 (live and still) births: 21.5.
<u>Deaths</u>	405	369	774	Death rate per 1,000 of the estimated resident population: 11.1.
<u>Deaths from Pregnancy, Childbirth and Abortion</u>				Nil.
<u>Death Rate of Infants under One Year of Age:</u>				
All infants per 1,000 live births (total = 24)			17.6	
Legitimate infants per 1,000 legitimate live births (total = 21)			16.5	
Illegitimate infants per 1,000 illegitimate live births (total = 3)			33.6	
<u>Deaths from Measles (all ages), Whooping Cough (all ages) and Gastritis, Enteritis and Diarrhoea (under 2 years of age):</u>			1	

VITAL STATISTICS - 1952-61

Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 of the Estimated Resident Population	
	Male	Female	Male	Female		Gloucester (unadjusted)	England and Wales
1952	535	497	22	38	1,092	16.4	15.3
1953	553	504	26	29	1,112	16.7	15.5
1954	577	492	33	31	1,133	16.9	15.2
1955	520	500	23	30	1,073	15.9	15.0
1956	585	518	32	31	1,166	17.3	15.7
1957	524	559	41	31	1,155	17.0	16.1
1958	590	551	28	36	1,205	17.6	16.4
1959	587	576	52	39	1,254	18.4	16.5
1960	669	584	42	46	1,341	19.5	17.1
1961	638	637	38	51	1,364	19.5	17.4

Stillbirths

Year	Male	Female	Total	Rate per 1,000 total
				(live and stillbirths)
1952	15	4	19	17.1
1953	14	23	37	32.2
1954	13	6	19	16.5
1955	5	11	16	14.7
1956	12	14	26	22.3
1957	10	10	20	17.0
1958	16	15	31	25.7
1959	16	11	27	21.0
1960	15	22	37	27.6
1961	9	21	30	21.5

Deaths

Year	Male	Female	Total	Death Rate per 1,000 of the Estimated Resident Population	
				Gloucester	England and Wales
1952	360	324	684	10.3	11.3
1953	390	343	733	11.0	11.4
1954	378	353	731	10.9	11.3
1955	380	385	765	11.3	11.7
1956	376	354	730	10.8	11.7
1957	413	341	754	11.1	11.5
1958	367	369	736	10.8	11.7
1959	406	378	784	11.5	11.6
1960	387	326	713	10.4	11.5
1961	405	369	774	11.1	12.0

Maternal Mortality

Year	Deaths	Rate per 1,000 Live and Still Births			
		Puerperal and Post Abortive Sepsis	Other Causes	Total	
				Gloucester (unadjusted)	England and Wales
1952	1	Nil	0.90	0.90	0.72
1953	Nil	Nil	Nil	Nil	0.76
1954	1	Nil	0.90	0.90	0.69
1955	Nil	Nil	Nil	Nil	0.64
1956	1	Nil	0.84	0.84	0.56
1957	Nil	Nil	Nil	Nil	0.46
1958	1	Nil	0.83	0.83	0.43
1959	Nil	Nil	Nil	Nil	0.38
1960	Nil	Nil	Nil	Nil	0.39
1961	Nil	Nil	Nil	Nil	0.33

Number of Deaths and Death-Rate of Infants  
under One year of Age

Year	Number of Deaths			Death-Rate of all Infants per 1,000 Live Births	Death-Rate of Legitimate Infants per 1,000 Legitimate Live Births	Death-Rate of Illegitimate Infants per 1,000 Illegitimate Live Births
	All Infants	Legitimate Infants	Illegi- timate Infants			
1952	26	23	3	23.8	22.2	50.0
1953	38	36	2	34.2	34.0	36.4
1954	23	21	2	20.3	19.6	31.2
1955	20	20	Nil	18.6	19.6	Nil
1956	32	30	2	27.4	27.2	31.7
1957	20	18	2	17.3	16.6	27.7
1958	30	30	Nil	25.3	26.3	Nil
1959	30	27	3	23.9	23.2	33.0
1960	32	30	2	23.8	23.9	22.7
1961	24	21	3	17.6	16.5	33.6

Causes of Death, 1961  
(Showing the Three Main Causes)

Disease	Sex	Age Groups					Total
		0-25	25-45	45-65	65-75	75+	
Tuberculosis - All Forms	M	-	-	4	-	2	6
	F	-	-	1	-	-	1
Cancer - All Forms	M	1	1	33	22	13	70
	F	-	-	24	17	21	62
Heart diseases and diseases of the circulation - All Forms	M	-	5	61	53	74	193
	F	-	3	25	42	133	203
All other causes	M	20	15	40	27	34	136
	F	13	5	11	25	49	103
Total Deaths - all causes	M	21	21	138	102	123	405
	F	13	8	61	84	203	369
<b>TOTALS</b>		<b>34</b>	<b>29</b>	<b>199</b>	<b>186</b>	<b>326</b>	<b>774</b>

### Infant Mortality

#### Deaths from stated causes under one year:

Congenital malformations ..	..	..	..	..	..	7
Gastritis, Enteritis and Diarrhoea ..	..	..	..	..	..	1
Pneumonia ..	..	..	..	..	..	1
Prematurity ..	..	..	..	..	..	9
Accidents ..	..	..	..	..	..	1
Other defined or ill-defined diseases ..	..	..	..	..	..	5
						<u>24</u>
						<u><u>24</u></u>

Details of Neo-Natal Deaths (of children dying within the first four weeks of being born) included in the above Infant Mortality figures are as follows:-

Congenital malformations ..	..	..	..	..	..	4
Prematurity ..	..	..	..	..	..	9
Other defined or ill-defined diseases ..	..	..	..	..	..	<u>3</u>
						<u>16</u>

The Neo-Natal Death Rate, therefore, was 11.7 per 1,000 live births.

### Cancer Deaths - 1961

The 132 deaths shown overleaf are divisible under the following main causes, as grouped by the Registrar General:

	Sex		Total
	Male	Female	
Stomach	11	11	22
Lung and Bronchus	21	3	24
Breast	-	15	15
Uterus	-	3	3
Other	36	28	64
Leukaemia	2	2	4
<b>TOTALS</b>	<b>70</b>	<b>62</b>	<b>132</b>

Table Showing Incidence of Cancer, 1937 - 1961

Year	Deaths from Cancer	Percentage of total Deaths Registered	Death Rate per 1,000 Population	Sex	At Ages - Years			
					Under 25	25-45	45-65	65-up
1937	84	11.1	1.17	M	-	1	14	19
1938	85	11.7	1.53	F	-	3	20	27
1939	97	12.9	1.67	M	-	-	14	23
1940	91	10.0	1.50	F	-	4	24	28
1941	97	12.0	1.49	M	7	14	22	28
1942	114	14.8	1.76	F	4	16	28	27
1943	111	13.0	1.90	M	4	13	31	21
1944	110	15.4	1.76	F	6	22	27	21
1945	102	12.9	1.63	M	4	17	27	36
1946	118	15.4	1.86	F	2	18	27	32
1947	108	14.4	1.69	M	7	19	28	26
1948	106	14.5	1.65	F	11	11	23	33
1949	110	14.3	1.70	M	1	23	27	28
1950	120	15.6	1.77	F	8	23	31	27
1951	122	14.9	1.74	M	4	18	33	36
1952	112	16.4	1.68	F	2	18	24	36
1953	98	13.4	1.47	M	7	11	31	27
1954	129	17.6	1.93	F	6	13	18	29
1955	133	17.3	1.97	M	5	26	33	31
1956	126	17.3	1.87	F	5	29	30	39
1957	108	14.4	1.59	M	2	23	38	27
1958	126	17.1	1.84	F	6	29	29	25
1959	139	17.7	2.0	M	6	14	19	33
1960	138	19.3	2.0	F	2	28	27	40
1961	132	17.0	1.9	M	4	19	32	42
				F	7	27	36	50
					1	36	42	50
					4	14	33	33
					2	33	35	35
					-	24	38	38

Deaths from Cancer 1937 - 1961, by age groups

-45		45-65		65+		TOTAL		
M	F	M	F	M	F	M	F	M & F
92	133	572	519	732	768	1396	1420	2816

SECTION B  
NATIONAL HEALTH SERVICE ACT, 1946

Apart from notes made under each Sectional heading, the only comment of especial interest is the new programme of immunisation against infectious diseases, and the new punched card system of recording the progress and results of the programme.

The Findex system has been installed, and Dr. Hansen has devised a card, in conjunction with the manufacturers, which enables the whole programme of immunisation against the various diseases to be recorded injection by injection for each child.

The programme is as follows:-

	Inoculation	Age
1	Combined Injection Diphtheria Whooping Cough Tetanus	Mths $2\frac{1}{2}$
2	2nd Ditto	$3\frac{1}{2}$
3	3rd Ditto	$4\frac{1}{2}$
4	Smallpox Vaccination	6
5	1st Poliomyelitis	7
6	2nd Ditto	8
7	Booster Diphtheria and Tetanus and 3rd Poliomyelitis	18
8	Booster Diphtheria and Tetanus	Yrs 5

Cards have been started for children born in 1960. It is impractical to go back further.

This system should save paper and time.

## SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Unfortunately, the new Ante-Natal Clinic was not ready for opening this year, so work has continued in the old building.

Due to the campaigning of Dr. Hansen, in particular, the immunisation programme has been extended greatly at the Infant Welfare Centres.

The Principal Dental Officer has been able to do more conservative work than formerly, and provided fewer dentures for mothers. These figures are small, but as a great number of mothers visit their own dental surgeons, the figures at least indicate an improvement.

The Social Worker's Report on Moral Welfare is included in this section. In this connection, it is noted that the illegitimacy rate is approximately the same as last year, 6.5% of all live births.

The sale of Welfare Foods shows a fall again for all but the proprietary fruit juices. The National Dried Milk, together with the ancillary foods show a sharp drop on last year.

Ante-Natal and Post-Natal Clinics  
and Infant Welfare Centres

Ante-Natal and Post-Natal Clinics

Number of sessions held per month	..	..	..	..	..	..	25
Number of new cases during the year (not including 491 post-natal)	..	..	..	..	..	..	2,009
Number of attendances at ante-natal clinic	..	..	..	..	..	..	11,552
Number of attendances at post-natal clinic	..	..	..	..	..	..	491
Number of women who attended during the year (not including 491 post-natal)	..	..	..	..	..	..	2,678
Number of attendances by midwifery students	..	..	..	..	..	..	657

Infant Welfare Centres

Number of centres provided at end of year	..	..	..	..	..	..	10
Number of sessions now held per month at centres	..	..	..	..	..	..	36
Number of children who attended during the year and who were born in:							
1961	..	..	..	..	..	..	967
1960	..	..	..	..	..	..	715
1959 to 1956	..	..	..	..	..	..	433
Total number of children who attended during the year							2,115
Number of attendances during the year made by children who at the date of attendance were:							
under 1 year	..	..	..	..	..	..	13,865
1 but under 2	..	..	..	..	..	..	2,916
2 but under 5	..	..	..	..	..	..	1,747
Total attendances during the year	..	..	..	..	..	..	18,528
Number of Doctors' consultations:							
Children under 1 year	..	..	..	..	..	..	4,801
Children over 1 year	..	..	..	..	..	..	1,117
Number of children immunised at centres	..	..	..	..	..	..	1,471
Number of injections given at centres	..	..	..	..	..	..	5,709

Public Health Laboratory Work

The following Ante-Natal figures relate to all cases attending the City Clinics and include all cases for domiciliary confinement in the City, together with all cases booked for the City Maternity Hospital, whether resident in the City or surrounding County:

Haemotology (Blood Tests)	..	..	..	..	..	..	7,002
Bacteriology (Catheter specimens, swabs, etc.)	..	..	..	..	..	..	28
Bio Chemistry (Glucose tolerance, blood sugars, etc.)	..	..	..	..	..	..	16
Others	..	..	..	..	..	..	Nil

Prematurity and Stillbirths

There were 30 premature ( $5\frac{1}{2}$  lb. and under) infants born at home. There were 30 stillbirths, of which 17 were under  $5\frac{1}{2}$  lb.

Weight at birth	PREMATURE LIVE BIRTHS						PREMATURE STILLBIRTHS		
	Born at home and nursed entirely at home			Born at home and transferred to Hospital on or before 28th day			Born in Hospital	Born at home	Born in Nursing Home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb. 4 ozs. or less	1	-	-	-	-	-	6	2	-
Over 3lb.4ozs. up to and including 4lb.6ozs.	-	-	-	1	-	-	3	1	-
Over 4lb.6ozs. up to and including 4lb. 15 ozs.	2	-	2	-	-	-	2	1	-
Over 4lb.15ozs. up to and including 5lb.8ozs.	24	-	24	2	-	1	2	-	-
TOTALS	27	-	26	3	-	1	13	4	-

Dental Treatment of Mothers and Young Children

Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	138	101	59	30
Children under five	139	138	138	7

Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatments	Crowns or Inlays	Extractions	General Anaesthetics	Full upper or lower	Partial upper or lower	Dentures	Radio-graphs
Expectant and Nursing Mothers	7	46	-	-	156	-	4	22		2
Children under 5	1	-	12	-	285	170	-	-		-

## Moral Welfare

### Report by Miss M. A. Yelloly, M.A.

1961 showed an increase in the number of illegitimacy cases referred for help - a total of 70 as compared with 61 in 1960 and 44 in 1959. This increase is reflected in a rise in the illegitimacy figures for the country as a whole; in 1958, illegitimate births formed 4.9% of all births; in 1959, 5.1%; and in 1960, 5.4%. It is likely that this trend can partially be explained by the large proportion of young people in the 15-21 age group, the group from which the greatest number of unmarried mothers is drawn. A local factor is the continued influx of immigrants from the West Indies, among whom the traditional way of life tends towards stable cohabitation rather than marriage, and the number of illegitimate births is consequently high. Unsupported West Indian mothers have many problems to face in this country, and occasionally adjustment to conditions here proves too difficult and repatriation is the only solution.

#### Ages of mothers at time of referral:-

Under 17	10
17	9
18	7
19	12
20	4
21 - 25	11
over 25	10
not known	7
	<hr/>
	70
	<hr/>

16 girls were admitted to maternity or mother and baby homes.

#### Placement of child

Child remained with mother	33
Adopted, or placed for adoption	13
With fosterparents	3
In Local Authority care	4
In care of voluntary society	2
Not known, left area, stillbirth, etc.	14
Undecided	1

#### Number of Cases sent to Mother and Baby Homes

Expectant Mothers	16
Post-Natal Cases	-

#### Distribution of Welfare Foods

	1958	1959	1960	1961
National Dried Milk - tins	41,463	38,344	37,476	33,655
Cod Liver Oil - bottles	4,698	4,429	4,446	3,269
A and D Vitamin Tablets - packets	3,863	4,169	4,510	3,570
Orange Juice - bottles	50,673	51,144	50,693	38,453
Ribena - bottles	-	5,646	10,680	9,677
Rose Hip Syrup - bottles	-	-	1,434	3,126

## SECTION 23 and 25 - MIDWIFERY and HOME NURSING

The scheme of early discharge from hospital, forty-eight hours after having their baby, has completed its first full year.

136 City mothers were so discharged. Time has shown that a number of mothers want their babies in hospital and are quite content to be nursed at home for the remainder of their lying-in period. This applies also to a number who are admitted for social reasons; they can get help afterwards but not for the confinement.

Under the heading "Home Nursing" will be found the number of cases and number of visits by the Domiciliary Nurses, some of whom are midwives. It is the latter who attend women discharged early from hospital. In fact, the 136 cases discharged early necessitated 1,410 visits.

I have discussed the need for integration of the Maternity Services in my general introduction.

If the 1,410 visits are subtracted from the total number of visits of District Nurses, then the result is approximately the same as for 1960, i.e. there has been no increase in the demand for the nurses' services. The number of night visits shows a slight drop.

### Midwifery

#### Number of new cases:

Doctor not booked, present	..	..	..	..	2
Doctor not booked, not present	..	..	..	..	9
Doctor booked, present	..	..	..	..	87
Doctor booked, not present	..	..	..	..	482
Number of Midwifery visits	..	..	..	..	8,273
Number of Maternity visits	..	..	..	..	2,675
Number of Ante-Natal visits	..	..	..	..	6,234
Number of Post-Natal visits	..	..	..	..	1,036
Total number of visits made	..	..	..	..	18,218

#### Supervisory visits:

Midwifery	..	..	..	..	..	..	3,123
Maternity	..	..	..	..	..	..	431
Ante-Natal Teaching	..	..	..	..	..	..	487
						TOTAL	4,041

Number of Evening Relaxation Classes	..	..	91
Number of attendances of mothers at these classes			544
Number of cases on books being nursed at 1.1.61			14
Number of cases on books being nursed at 31.12.61			23

#### Medical Assistance Called in Domiciliary Cases by Medical Help Forms:

Condition of Mother	..	..	..	..	..	..	289
Condition of Child	..	..	..	..	..	..	33
Miscarriages	..	..	..	..	..	..	4
						TOTAL	326
Number paid by Local Authority			..	..	..		Nil

## Home Nursing

The figures for work done over the past twelve years are as follows:

<u>Year</u>	<u>Cases</u>	<u>Visits</u>
1950	1,310	47,706
1951	1,569	56,030
1952	1,664	58,875
1953	1,931	57,455
1954	1,883	58,809
1955	1,963	58,814
1956	1,959	58,159
1957	1,790	58,229
1958	1,769	57,359
1959	1,733	52,149
1960	1,474	45,039
1961	1,615	46,960

### Number of Cases Attended During the Year

Medical .. .. .. .. .. .. .. .. ..	1,097
Surgical .. .. .. .. .. .. .. .. ..	332
Infectious Diseases .. .. .. .. .. .. .. .. ..	14
Tuberculosis .. .. .. .. .. .. .. .. ..	3
Maternal Complications .. .. .. .. .. .. .. .. ..	33
Maternity Nursings (i.e. early discharges from City Maternity Hospital) ..	136
<b>TOTAL NUMBER OF CASES</b>	<b>1,615</b>

Number of cases on books at 1.1.61 .. .. .. 259  
Number of cases on books at 31.12.61 .. .. .. 264

### Visits Paid to all Patients

Number of Medical Visits .. .. .. .. ..	37,491
Number of Surgical Visits .. .. .. .. ..	7,618
Number of Infectious Diseases Visits .. .. .. .. ..	122
Number of Tuberculosis Visits .. .. .. .. ..	111
Number of Maternal Complications Visits .. .. .. .. ..	208
Number of Visits to Maternity Cases (i.e. early discharges from City Maternity Hospital)	1,410
<b>TOTAL NUMBER OF VISITS</b>	<b>46,960</b>

Number of Night Nursing Visits (included above) 212

## SECTION 24 - HEALTH VISITING, ETC.

The retirement of Miss Taylor broke a happy association, but introduced Miss Collins as her successor and a renewal of that happy association. With the Health Visitors having their office a quarter of a mile away, it is fortunate that Miss Taylor, and now Miss Collins, make light of the barrier and retain the feeling that it is essentially all one office. It will be an excellent thing for all when this separation is ended, if only to save much telephoning and time spent in walking from one place to the other.

The following is a summary of the work carried out by the Health Visiting Staff:

Number of Visits to Homes

Number of first visits to expectant mothers .. ..	827)	
Number of re-visits to expectant mothers .. ..	87)	914
Number of first visits to children under one year	1,353)	
Number of re-visits to children under one year	5,269)	6,622
Total number of visits to children:		
1 and under 2 years .. .. .. ..	3,534	
2 but under 5 years .. .. .. ..	7,389	
		<u><u>18,459</u></u>

Other Cases

Infectious diseases .. .. .. ..	584
Tuberculosis .. .. .. ..	535
Post-Natal .. .. .. ..	36
Mentally Subnormal .. .. .. ..	59
Hospital follow-ups .. .. .. ..	86
Aged People .. .. .. ..	723
Home Help .. .. .. ..	594
Sundry .. .. .. ..	797
Unsuccessful .. .. .. ..	544
School Health Service .. .. .. ..	1,020
	<u><u>4,978</u></u>

TOTAL NUMBER OF VISITS 23,437

Attendances at Clinics, Etc.

Relaxation Classes .. .. .. ..	271
Infant Welfare .. .. .. ..	1,007
Poliomyelitis Vaccination .. .. .. ..	103
Health Education Talks and Films .. .. .. ..	278
Schools Vaccination and Immunisation .. .. .. ..	149
Schools Minor Ailments .. .. .. ..	369
Schools Medical Inspections (including Eye Testing)	177
Schools Head Inspections .. .. .. ..	219
Tuberculosis (including B.C.G. and Heaf)	120
Hospital .. .. .. ..	82
Any other Clinics, Meetings, etc. .. .. .. ..	312
	<u><u>3,087</u></u>

SECTION 29 - DOMESTIC HELP

Number of Domestic Helps Employed at 31st December, 1961

Whole-time .. .. .. ..	1
Part-time .. .. .. ..	63

Number of Cases where Domestic Help was provided during the Year

Maternity .. .. .. ..	33
Tuberculosis .. .. .. ..	4
Chronic Sick (including Aged and Infirm)	356
Others .. .. .. ..	50

443

Analysis of Cases Served

	<u>Paying Cases</u>	<u>Free Cases</u>	<u>Total</u>
Maternity	33	-	33
Tuberculosis	2	2	4
Blind	2	9	11
Illness	41	9	50
Chronic Sick and Old Age Pensioners	115	230	345
<b>TOTALS</b>	<b>193</b>	<b>250</b>	<b>443</b>

Cost of Service (1961/62) estimated	£15,130
Recovered from Paying Cases (1961/62)	£1,431

SECTION 26 - VACCINATION AND IMMUNISATION

Again this year all immunisation procedures increased, especially against poliomyelitis. The full effect of the new immunisation programme is being felt, and this is helped by the use of a triple vaccine. The use of a triple vaccine had been discontinued in 1957 when a doubt was raised about its safety; but the doubt was not subsequently justified and whilst the whooping cough vaccine portion can cause reactions, the safety of the procedure seems to have been established nationally. The increases in vaccination against smallpox, whooping cough and tuberculosis are particularly satisfying.

The figures relating to tuberculosis relate to a one year age group; the same figures for last year related to a larger age group. The one year age group (aged 13) only will continue to be tested each year in future.

The Ministry decision to recommend a fourth protective injection against poliomyelitis was received with stoicism by both patients and staff. The time taken over these procedures is considerable, but it is a comfort to realise that anything done to prevent this disease is worthwhile.

51 inoculations against Yellow Fever were given at the Gloucestershire Royal Infirmary, under our local scheme, in this the first full year's working.

I - Against Smallpox

<u>Age at Date of Vaccination</u>	<u>Under 1</u>	<u>1</u>	<u>2 - 4</u>	<u>5 - 14</u>	<u>15 &amp; over</u>	<u>Total</u>
Number vaccinated	220	31	55	60	66	432
Number re-vaccinated	-	-	3	16	111	130

There were no "Specially Reported" cases during 1961 as showing complications from vaccination.

Percentage of children under 1 vaccinated	-	England and Wales	40%
		Gloucester	16%

II - Against Tuberculosis  
B.C.G. Vaccination

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. Contact Scheme (Circular 72/49)

(i)	Number skin tested ..	..	..	134
(ii)	Number found positive	..	..	.15
(iii)	Number found negative	..	..	106
(iv)	Number vaccinated ..	..	..	82

**B. School Children Scheme (Circulars 22/53 and 7/59)**

(i)	Number skin tested	..	..	739
(ii)	Number found positive	..	..	169
(iii)	Number found negative	..	..	551
(iv)	Number vaccinated	..	..	536

**C. Students Attending Further Education Establishments (Circular 7/59)**

(i)	Number skin tested	..	..	-
(ii)	Number found positive	..	..	-
(iii)	Number found negative	..	..	-
(iv)	Number vaccinated	..	..	-

**III - Against Poliomyelitis**

**First Injections given during the Year**

Born 1943 - 1961	..	..	..	2,672
Born 1933 - 1942	..	..	..	727
Born before 1933	..	..	..	<u>1,319</u>
				<b>TOTAL</b> 4,718
				<b>=====</b>

**Second Injections given during the Year**

Born 1943 - 1961	..	..	..	2,483
Born 1933 - 1942	..	..	..	1,120
Born before 1933	..	..	..	<u>2,393</u>
				<b>TOTAL</b> 5,996
				<b>=====</b>

**Third Injections given during the Year**

All groups	..	..	..	..	3,890
					<b>=====</b>

**Fourth Injections given during the Year**

All groups	..	..	..	..	4,325
					<b>=====</b>

Total Number received second injections 1956 - 1961 .. .. 24,971

Total Number received third injections 1958 - 1961 .. .. 19,289

Percentage vaccinated against poliomyelitis (under 19 years of age)	-	England and Wales	82%
	-	Gloucester	79%

**IV - Against Diphtheria**

**Number of children immunised during the year**

	Children born in								Total
	1961	1960	1959	1958	1957	1952-1956	1947-1951		
Primary	460	557	107	57	82	235	11		1509
Booster	-	12	47	9	229	328	19		644

Percentage of children under 15 immunised against Diphtheria during the years 1957 - 1961 :-

0 - 4      0 - 14

England and Wales	64%	51%
-------------------	-----	-----

Gloucester	60%	47%
------------	-----	-----

	Age at date of final injection		
	0-4 years	5-14 years	Total
Number of children who have completed a primary course of pertussis vaccine (singly or in combination) during the year ended 31.12.61.	1,178	29	1,207

Percentage of children vaccinated during the year (born in 1960 or 1961) -

England and Wales	69%
Gloucester	42%

#### SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE

##### Recuperative Holidays

Granted	..	..	..	..	..	..	..	..	..	..	..	54
Holidays provided by voluntary agencies when national and local schemes not applicable	..	..	..	..	..	..	..	..	..	..	..	71

##### Bedding and Shelters on Loan to Tuberculosis Cases at 31st December, 1961

Mattresses	..	..	..	3
Blankets	..	..	..	36
Shelters	..	..	..	-
Bedsteads	..	..	..	4
Sheets	..	..	..	37
Pillows	..	..	..	6
Pillow Cases	..	..	..	2

##### Extra Nourishment

Number in receipt of free milk at the end of:

1952	-	70	1957	-	39
1953	-	75	1958	-	24
1954	-	68	1959	-	27
1955	-	51	1960	-	23
1956	-	52	1961	-	16

##### Mass Radiography

I summarise a statistical report from Dr. Hayward, Medical Officer in charge of the Mass Miniature Radiography Unit.

Of 10,398 miniature X-rays of chests, 147 persons were recalled for large films.

The findings of actual disease in persons who were not already under observation were:

Tuberculosis	..	..	27
Bronchitis and Emphysema	..	..	4
Cancer	..	..	2
Other abnormalities	..	..	29

#### SECTIONS 28 and 51 - MENTAL HEALTH

Two matters of special importance happened during the year. Miss J. Hall, S.R.N., S.C.M., ended her two years' training, and qualified as a Psychiatric Social Worker. This was a personal triumph for her, as it is not easy to return to two years' academic work after following the practice of your work for some years.

We are pleased to have her and Miss Hall is already giving a great deal of expert help to patients and helpful advice to colleagues.

The City Council decided to build what is a Junior Training Centre in the grounds of Longford School. I have dealt with this at some length in my general introduction.

Much else has to be done to fulfil the objects of the Mental Health Act, but efforts have been concentrated so far on the under 16's, and on provision of staff.

#### Report by Miss J. Hall, Psychiatric Social Worker

The services of a Psychiatric Social Worker within the Health Department began on 1st October, 1961.

It was envisaged that she should cover as many aspects of "Preventive" and "Follow-up" Mental Health work as possible or practicable.

To further this and to introduce this new field of the Department's work, preliminary introductory visits to the various Social Work agencies already functioning were made in the first weeks. These included allied departments of the Local Authority, the hospitals, both general and psychiatric, and the voluntary organisations within the City.

In addition, a letter was sent from the Medical Officer of Health to each General Practitioner, informing him of the service proposed and inviting his co-operation and participation.

With the approval and co-operation of the Physician Superintendent of the Horton Road and Coney Hill Hospital Group, a nucleus of cases, patients returning to the community after periods of varying lengths in hospital, was passed over.

This initial number has been added to from various other sources - Mental Welfare Officers, Health Visitors, School Medical Services, factory Personnel Officers, to name some.

It is gratifying to report that in all instances there has been close and cordial co-operation, with the object of making the best use of available resources for the maximum benefit to the individual concerned.

It is obvious already that there is an enormous and challenging amount of work to be done in this field. The initial encouraging reception of the service is a stimulus to its future development.

#### Work of Mental Welfare Officers, etc.

##### 1. Admissions to Horton Road and Coney Hill Hospitals by the Mental Welfare Officers

(a)	Informally	..	..	..	..	..	..	10
	For Observation (Section 25)	..	..	..	..	..	..	18
	For Treatment (Section 26)	..	..	..	..	..	..	6
	Emergency Admissions (Section 29)	..	..	..	..	..	..	33
(b)	Patients examined but not admitted	..	..	..	..	..	..	39
(c)	Other visits:-							
	"Follow-up" reports at request of hospital							82
	After-care visits	..	..	..	..	..	..	333
	Social histories obtained	..	..	..	..	..	..	54
(d)	Attendances at After Care, Admission and Rehabilitation Conferences	..	..	..	..	..	..	229

## 2. Subnormal and Severely Subnormal Patients

(a)	Number under supervision in the community	..	..	..	83
(b)	New cases notified during the year	..	..	..	11
(c)	Admitted to hospitals	..	..	..	10
(d)	Number attending at Training and Occupation Centre	..			31
(e)	Number on waiting list for admission to hospital	..			8
(f)	Number under Guardianship	..	..	..	4
(g)	Number on trial leave	..	..	..	2

## SECTION 27 - AMBULANCE SERVICE

It was a pleasing recognition of the work of Mr. Chinn, the Chief Ambulance Officer, that the City Council approved the Health Committee's recommendation that his services should be retained a year beyond the normal retiring age. Mr. Chinn, in the fifteen years he has held the post, has remodelled the service and brought it up to its present high state of efficiency. His last great contribution has been the erection of the new Ambulance Station, which he refers to in his Report herewith:-

Before giving my report on the work of the Ambulance Service for 1961, I must make mention of the new Station.

On 27th March, 1961, the transfer from the old Station to the new Station was carried out at 15.00 hours, without any break in the routine work.

The Station was officially opened by His Worship the Mayor (Alderman R. E. H. Moulder) on 1st June, 1961, before a large gathering of City Aldermen and Councillors and Chief Officers. Also representatives from adjacent authorities, the South Western Regional Hospital Board and the Hospital Management Committee. The Chief Constable of Gloucestershire and the Chief Superintendent of the City Police were also present.

This Station was planned with a great deal of thought and under such ideal conditions has considerably eased the task of maintaining an efficient Service.

The appliance room has accommodation for all the ambulances where they can be cleaned irrespective of weather conditions. The workshop is what could be termed 'The Mechanic's Dream'. It is fitted with all the modern equipment for the repair and maintenance of the vehicles.

Another feature is the Control Room, which is the 'hub' of the Ambulance Service. This is planned to meet all requirements. Apart from the administrative telephone lines, it has direct lines to both the City General Hospital and the Royal Infirmary and, of course, the Emergency 999 line and the Radio Telecommunication.

The Duty and Lecture Room meets all requirements for staff meals, relaxation and training, together with a most up-to-date Kitchen.

Cleaning under these ideal conditions has considerably eased the task of the Driver Attendants. This has made the staff much happier and contented in their day to day duties.

Since the Station opened, many parties from various organisations have visited it and they have been conducted round the building and have had the working of an Ambulance Service explained to them. Also, several local authorities who are contemplating new stations, have sent their officers to inspect this one.

In concluding this item, I must mention that all ranks of the City Ambulance Service do sincerely appreciate the work entailed by the City Council and Officers in providing this Station, which has been accepted as a copy by other authorities who are contemplating building new ambulance stations.

In my report for 1960, mention was made that for the first time since the introduction of the National Health Service Act more than 30,000 calls had been received and answered during the year, the figures being 30,873, with 31,043 persons carried.

I have now to report that 33,612 calls were received in 1961, with 33,819 persons carried, showing increases of 2,739 and 2,776 respectively.

Previous increases have been mostly of sitting case work, but last year (1961) Ambulance Stretcher work was responsible for 49.87% of such increases (1,366 cases). This was mainly due to removals to and from hospital.

Sitting cases, i.e. those dealing with treatment and other appointments, continue to stand at that high level of 77% of the total calls, but this shows a very small decrease for the first time of 2% over the previous year.

Accidents show a small increase of 14 (less than 1%) over 1960 (1,757 - 1,743), Emergencies an increase of 152 (1,576 - 1,424) (just over 1%), and Removals an increase of 2,583 (30,279 - 27,696) (just over 10%).

There has been a corresponding increase of 12,435 miles over 1960, to a total of 150,366 miles. Of the increase, Ambulance (Stretcher) work was responsible for 7,883 miles, approximately 33%, and Sitting Cases 4,552, which is quite the reverse of previous years.

Work in connection with the Blind and Disabled Persons has continued throughout the year and, although the matter of transport costs may arise, the work must be considered of the first importance. During the year, 2,722 Disabled Persons were conveyed to their Disabled Club, and of this number, the Hospital Car Service conveyed 1,390, and 4,221 Blind Persons were taken to the Blind Club, of which the Hospital Car Service took 1,406.

There were twelve false calls in 1961, which was one more than the previous year, but the most serious aspect of such calls was that ten were made by children of school age. It would be a great help to not only the Ambulance Service, but also the Fire and Police Service, if the children could receive some direction, either by the teachers or senior officers of the aforementioned services, of the seriousness of making such calls, whereby a person may lose his or her life due to an ambulance answering a false call and no other vehicle being available.

As in previous years, a team from the City Ambulance took part in the Local Authorities' Ambulance Services Competition, which was held at Falfield Home Office Civil Defence School, Gloucestershire, but did not do too well. It is worthy of note that the Captain of the team, Head Driver G. A. James, who won the Captain's Cup in 1959, failing by half a mark in 1960 to retain it, only lost it in the above competition by  $2\frac{1}{2}$  marks. This shows a very good standard of efficiency on his part.

All the Ambulance Staff were re-examined in First Aid and passed. Consideration is being given to a higher standard of training for personnel of Ambulance Services, but to what level has yet to be decided.

At the invitation of the Directors, all the Ambulance personnel visited Messrs. T. Wall & Sons (Ice Cream) Limited, Barnwood, during October. They were conducted round the factory and afterwards entertained to tea.

Due to the increased work of the Ambulance Service, more cases have been passed to the Hospital Car Service, and Mrs. D. H. Hough, the Area Transport Officer, has engaged more drivers. The work undertaken by them which includes Blind and Disabled Persons as well as ambulance sitting cases, is very much appreciated and is of considerable help to this Service.

There were 146 cases conveyed by rail during the year, showing a decrease of 41 cases. Had these cases been conveyed by road, approximately 68,000 miles would have been added to the Service mileage. The British Railways staff have once again been most co-operative, and are to be complimented on their helpful assistance.

Mention must be made of the voluntary escorts who accompany a great number of these cases. Although there are only a few persons who give their services for this class of work, I would like to mention the names of Mrs. A. M. Northfield and Mrs. J. Coleman, who undertake the majority of the journeys, sometimes having to stay overnight due to the long distance, and at other times returning to Gloucester at a very late hour. Their services are very much appreciated and it is hoped that they will continue in this 'Field of Escort Duty'.

Every effort continues to be made to give the City an efficient Service and, although the costs continue to rise, it must be realised that such increases are due to wage awards nationally made and to the rising cost of spares and equipment. The aim is to have an efficient Service with the most reasonable cost (and not to impair the efficiency by cost methods).

In conclusion, I would like to mention the loyalty and co-operation of all ranks of the Ambulance Service in maintaining an efficient Service, which I do appreciate, and to the Chairman and Members of the Health Committee for their continued support.

Total Calls during the Year

Vehicles	City	County	Over Hospital	Inter-Hospital	Other Authorities	Totals
Ambulances	4,658	1,785	137	1,135	15	7,730
Cars (Sitting)	17,179	6,822	280	1,590	11	25,882
Totals	21,837	8,607	417	2,725	26	33,612

Total Mileages during the Year

Vehicles	City	County	Over Hospital	Inter-Hospital	Other Authorities	Totals
Ambulances	20,485	15,826	876	12,188	165	49,540
Cars (Sitting)	50,891	40,071	1,987	7,590	287	100,826
Totals	71,376	55,897	2,863	19,778	452	150,366

Additional mileage in connection with other departments and Service transport is as follows:-

<u>Department</u>		<u>1961</u>	<u>1960</u>
Education	.. .. .. .. ..	1,246	148
Welfare	.. .. .. .. ..	-	4
Hospital Management Committee	.. .. .. .. ..	151	40
Ambulance Service	.. .. .. .. ..	3,294	4,389
	TOTALS	4,691	4,581

<u>Omnibus Mileage</u>		<u>1961</u>	<u>1960</u>
Occupation Centre	.. .. .. .. ..	11,302	11,173
Blind Persons	.. .. .. .. ..	1,584	1,609
Disabled Persons	.. .. .. .. ..	1,138	870
Children to Holiday Camp	.. .. .. .. ..	-	351
National Competition	.. .. .. .. ..	-	200
Election Transport	.. .. .. .. ..	4	-
Hospital Management Committee	.. .. .. .. ..	27	-
	TOTALS	14,055	14,203

	<u>1961</u>	<u>196</u>
<u>Children to Cheltenham Occupation Centre</u>	5,225	5,03

Mileage in respect of Civil Defence Training - Driving Instruction and Civil Defence Exercises for the year.

Driving Instruction .. .. ..	728
Exercises .. .. ..	1081
	Total .. ..
	1,809

<u>Summary of Cases for the Year</u>						<u>1961</u>	<u>1960</u>
City Accidents ..	..	..	..	..	..	1,335	1,311
City Emergencies ..	..	..	..	..	..	1,061	986
City Removals ..	..	..	..	..	..	19,441	17,421
County Accidents ..	..	..	..	..	..	422	432
County Emergencies ..	..	..	..	..	..	515	438
County Removals ..	..	..	..	..	..	7,670	7,087
Over Hospital ..	..	..	..	..	..	417	608
Inter-Hospital ..	..	..	..	..	..	2,725	2,566
Other Authorities ..	..	..	..	..	..	26	24
<hr/>						<b>TOTALS</b>	<b>33,612</b>
							<b>30,873</b>

### Hospital Car Service

Total Cases	..	..	..	..	292	251
Total mileage	..	..	..	..	8,514	13,440
Increase of cases	..	..	..	..	41	
Decrease of mileage	..	..	..	..	4,928	

Patients conveyed by rail

Stretcher	..	..	..	..	..	11	16
Sitting	..	..	..	..	..	135	171
					TOTALS	146	187

SECTION C  
INFECTIOUS DISEASES

With the exception of the Venereal Diseases, the incidence of all others has again decreased, particularly of tuberculosis. Once again, one must be cautious in drawing conclusions from small figures. The various tables which follow set out the position clearly:-

Number of Notifications of Infectious Diseases from 1947 to 1961

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Smallpox	60	172	167	70	55	46	65	68	55	50	28	46	77	21	4
Scarlet Fever	34	14	2	1	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	84	52	41	52	69	48	67	27	58	32	29	24	11	18	*
Pneumonia	6	2	3	*	1	3	2	1	—	—	1	4	2	1	*
Cerebro-Spinal Fever	*	*	*	*	*	*	*	*	*	*	1	4	2	1	*
Meningococcal Infection	*	*	*	*	*	*	*	*	*	*	—	5	—	—	1
Poliomyelitis or Polio:	14	1	4	1	4	2	4	2	—	9	—	—	—	—	—
Poliomyelitis, Paralytic	*	*	*	*	*	1	—	4	3	—	1	—	2	—	—
Poliomyelitis, Non-Paralytic	*	*	*	*	*	2	—	—	7	10	6	3	11	17	3
Dysentery	*	*	*	*	*	2	2	4	1	—	4	—	—	—	—
Ophthalmia Neonatorum	*	*	*	*	*	6	2	4	1	+2	+2	18	20	+3	+2
Puerperal Pyrexia	*	*	*	*	*	8	10	5	13	21	30	22	18	34	32
Erysipelas	*	*	*	*	*	21	15	20	10	12	6	12	5	4	2
Enteric Fever (including Paratyphoid Fever)	*	*	*	*	*	—	1	*	*	*	*	*	*	*	*
Enteric Fever or Typhoid Fever	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Paratyphoid Fever	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Tuberculosis - Respiratory	124	119	121	75	85	101	91	67	60	79	—	—	—	58	49
Tuberculosis - Meninges and C.N.S.	*	*	*	*	*	*	*	1	1	—	—	—	—	—	—
Tuberculosis - Other Forms	12	16	8	13	13	11	4	9	6	7	—	—	—	1	5
Measles	863	480	327	1493	607	585	735	814	632	527	879	349	964	203	803
Whooping Cough	162	67	165	243	238	135	130	238	74	124	129	179	61	48	12
Acute Encephalitis - Infective	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Acute Encephalitis - Post-Infectious	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Food Poisoning	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Anthrax	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

\* See different classification.

+ Vision unimpaired.

= Not notifiable.

Report on Venereal Diseases, 1961

New Cases Treated at Gloucester Centre (from City and Elsewhere)

Gonorrhoea

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1955	12	4	16
1956	35	7	42
1957	28	2	30
1958	39	6	45
1959	50	10	60
1960	40	19	59
1961	72	26	98

Syphilis (Early and Late)

1955	3	7	10
1956	6	-	6
1957	4	2	6
1958	9	4	13
1959	9	3	12
1960	3	1	4
1961	2	7	9

Congenital Syphilis

	<u>Under 15 years</u>	<u>Over 15 years</u>
1955	-	-
1956	-	1
1957	-	3
1958	1	-
1959	1	2
1960	-	1
1961	-	3

Other Conditions

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1957	70	40	110
1958	56	30	86
1959	74	39	113
1960	84	36	120
1961	114	24	138

Other Conditions not Requiring Treatment

1959	46	25	71
1960	55	24	79
1961	54	40	94

County patients attending the Centre included in all the above figures were:-

Syphilis .. .. .. .. .. .. .. .. 3

Gonorrhoea .. .. .. .. .. .. .. .. 42

Other conditions requiring treatment  
or otherwise .. .. .. .. .. .. .. .. 123

I give below a report on Tuberculosis from Dr. F. J. D. Knights, Senior Chest Physician.

The 30 new cases of tuberculosis notified in the City of Gloucester during 1961 were handled in the Chest Clinic service. They are analysed as follows:-

Haematogenous, including Miliary and Meningeal .. .. .. ..	1
Abdominal, Orthopaedic and Cervical Glands .. .. .. ..	4
Primary or Post-Primary Infection .. .. .. ..	3
Minimal Phthisis .. .. .. ..	-
Moderate Phthisis .. .. .. ..	19
Advanced Phthisis .. .. .. ..	3
	TOTAL 30

Taking the 22 cases of phthisis, 7 were referred by general practitioners, 6 were picked up by Mass Radiography, 5 were in-transfers, routine X-rays, etc., 3 were referred from other Hospital departments and 2 were discovered on contact examination.

The Clinical Area figures (North Gloucestershire, plus the City of Gloucester) follow:-

Haematogenous, including Miliary and Meningeal .. .. .. ..	6
Abdominal, Orthopaedic and Cervical Glands .. .. .. ..	13
Primary or Post-Primary Infection .. .. .. ..	24
Minimal Phthisis .. .. .. ..	17
Moderate Phthisis .. .. .. ..	71
Advanced Phthisis .. .. .. ..	16
	TOTAL 146

#### Clinical Area Analysis

TABLE I

#### Number of New Cases of Phthisis and Severity at Time of Diagnosis

	1953	1954	1955	1956	1957	1958	1959	1960	1961
Total Number	244	229	184	218	160	173	145	134	104
Minimal Cases	18%	20%	20%	22%	22.5%	17%	15%	21%	16%
Moderately									
Advanced Cases	67%	66%	71%	65%	65%	70%	72%	72%	68.5%
Advanced Cases	15%	14%	9%	13%	12.5%	13%	13%	7%	15.5%

TABLE II

#### Source of Reference of Cases Analysed in Table I

	1953 + 1954 (473 cases)	1955 + 1956 (402 cases)	1957 + 1958 (333 cases)	1959 + 1960 (279 cases)	1961 (104 cases)
Referred by General Practitioners	41%	44%	48%	53%	53%
Mass Radiography	27%	26%	23%	24%	18%
Contact Organisation	7%	7%	4%	7%	5%
Hospital, Forces, In-transfer, etc.	25%	23%	25%	16%	24%

ADULTS

Under 45		Over 45	
Called	Response	Called	Response
67	53 79%	31	21 68%

Overall percentage of attendance - 76%

Two adults were notified as a result of these examinations - a boy of 17, a contact of his father, and a man of 58, a contact of his daughter. Both were cases of phthisis. One man was admitted to Stardish with a non-tuberculous broncho-pneumonia.

CHILDREN

Of 41 children called up, only 2 did not attend at all. The remaining 39 are analysed as follows:-

Tuberculin + Referred to G.P. and H.V.	Age 5 - 11	2
Tuberculin + For follow-up X-rays.	Age 12 - 16	5
Tuberculin + Having had B.C.G. at school. Follow-up X-rays.		5
Tuberculin - Successfully B.C.G. vaccinated.		20
Tuberculin - Defaulted during B.C.G.		1
Tuberculin tested and/or X-rayed and discharged.		6
		<hr/>
	Total	39
		<hr/>

The Gloucester City Register of Notified Persons known to us currently stands as follows:-

22	Red
93	Yellow
331	Green
446	Total Cases

Of the 22 Red cases, 4 are 1962 notifications and these, plus one other case, are at present receiving Hospital treatment. 9 are receiving chemotherapy at home and are doing well. One is a vagrant who has been lost sight of these last two years, and the remainder are getting back to a normal life. 11 of the 22 are currently being reviewed vis a vis colour-coding. All these patients are co-operative, and all, apart from those at present in Hospital and the vagrant whose whereabouts is unknown, have converted their sputum to negative in recent months.

Summary of Notifications of Tuberculosis during 1961

Age Periods	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
Age Periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total
Respiratory, Males	-	-	-	-	-	1	1	1	5	2	7	-	-	17
Respiratory, Females	-	-	-	-	-	1	-	2	1	3	1	-	-	8
Non-Resp., Males	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Non-Resp., Females	-	-	-	-	-	-	2	-	1	1	-	-	-	4

New cases of Tuberculosis coming to the knowledge of the  
Medical Officer of Health during the year, otherwise  
than by formal notification

... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 4

Number of cases of Tuberculosis remaining on the Register of Notifications on  
31st December, 1961

Pulmonary			Non-Pulmonary			Total Cases
Males	Females	Total	Males	Females	Total	
221	164	385	29	32	61	446

Notifications, Deaths and Visits Made

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
New Cases	114	102	71	69	88	62	66	46	54	30
Deaths	19	16	18	12	10	8	14	6	2	7
Visits made by Health Visitors	1770	1740	1593	1320	1310	1187	796	746	680	637

## SECTION D

### MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES

Children's Department .....	1
City Architect's Department .....	10
City Museum .....	1
City Surveyor's Department .....	12
City Treasurer's Department .....	4
Education Department .....	21
Entrants to Training Colleges .....	45
Fire Brigade .....	13
Health Department .....	5
Housing Department .....	4
Public Library .....	2
Town Clerk's Department .....	2
Welfare Department .....	8
Other Authorities .....	1
<b>TOTAL .....</b>	<b>129</b>

# SECTION E

## NATIONAL ASSISTANCE ACT, 1961

No new developments have occurred in the work for the physically handicapped.

It is good news that the City Council has approved the start next year of a building for an Occupation Centre for physically handicapped. The British Red Cross Society (Gloucester City Division) have faithfully continued this work at their headquarters where a weekly session is held. But an expansion of the work is needed and it seems will soon take place.

The work for the Deaf and Blind has continued, and a special word of praise must be given to Mr. W. H. Brown for keeping his Coffee Club running this long time and so efficiently and successfully. But the main work for the Blind is carried out by the two Home Teachers, and I give their joint report herewith:-

31st December, 1961, marked the close of another busy, progressive, and at times somewhat hectic, year for the Home Teaching service. As ages of blind persons became higher, there arose greater need for teaching skill and more patience and understanding on our part. Greater distances has to be covered because a number of persons had transferred from demolition areas near the City centre to the outskirts; therefore, when dividing the City into two working areas, it is not practicable to make a clear-cut division. The important factor is to make sure that each blind person is cared for, and members of the Health Department staff can see at a glance at our "Robin" registers who is responsible for any particular person.

At the close of the year under review, the number of registered blind persons in the Gloucester City area was 187 - 66 males and 121 females. Of this total number, 100 were over the age of 70, 35 persons were newly-registered, 3 transferred from other areas, 4 transferred to other areas, and 18 deaths. The commonest age at which blindness occurred was, as last year, 70 and over. Approximately 100 persons were in receipt of National Assistance, the majority of new cases having been brought to our notice by the Board. In several cases some sight was restored by cataract operations performed by our ophthalmic surgeons. There were again no blind children in the City.

During the year, as on several former occasions, the Ministry of Health required changes in code numbers, letter symbols, and certain categories for the registration of blind persons. One sometimes wonders whether these changes which take time to become accustomed to serve a really useful purpose.

The names of 21 blind persons were included in the Ministry of Labour's register of Disabled Persons. Of this number 17 were employed as follows:-

Physiotherapists ..	..	..	..	..	1
Shorthand Typists ..	..	..	..	..	2
Telephonists ..	..	..	..	..	1
Shopkeepers ..	..	..	..	..	1
Factory Workers ..	..	..	..	..	7
Basketmakers ..	..	..	..	..	1
Labourers ..	..	..	..	..	1
Domestics and Porters ..	..	..	..	..	2
Miscellaneous Workers ..	..	..	..	..	1

### Physically and Mentally Ill - All Ages

Mentally Ill ..	..	..	..	..	..	..	..	..	1
Mentally Subnormal ..	..	..	..	..	..	..	..	..	1
Physically Defective ..	..	..	..	..	..	..	..	..	19
Deaf with Speech ..	..	..	..	..	..	..	..	..	4
Hard of Hearing ..	..	..	..	..	..	..	..	..	27
Mentally Ill and Physically Defective ..	..	..	..	..	..	..	..	..	1
Mentally Ill and Deaf without Speech ..	..	..	..	..	..	..	..	..	1
Mentally Ill and Deaf with Speech ..	..	..	..	..	..	..	..	..	2
Mentally Ill and Hard of Hearing ..	..	..	..	..	..	..	..	..	1

Physically Defective and Hard of Hearing .. .. ..	9
Physically Defective and Deaf without Speech .. .. ..	1
Mentally Ill, Physically Defective and Deaf with Speech	1
Mentally Subnormal, Physically Defective and Hard of Hearing .. .. .. .. .. .. .. .. ..	1
Total	<u>69</u>

#### Blind Persons in Residential Accommodation

Homes for the Blind .. .. .. .. .. .. .. ..	1
Local Authority Homes .. .. .. .. .. .. .. ..	9
Private Homes .. .. .. .. .. .. .. ..	1
Mental Hospitals .. .. .. .. .. .. .. ..	7
In Hospital for Mentally Subnormal .. .. .. .. .. .. .. ..	1
Chronic Sick Hospitals .. .. .. .. .. .. .. ..	4
Total	<u>23</u>

There were six members of St. Dunstan's Organisation.

During the year nearly 3,000 visits were paid to people in their homes. Newly-blind persons were helped to re-adjust themselves to their disability and regain confidence. About 50 lessons were given in embossed types, and well over 100 in simple handwork. Blind persons were encouraged to attend classes at Palmer's Hall whenever possible. 106 handicraft classes were held. Transport provided by the City Ambulance Department (through the Health Committee) was greatly appreciated.

The occupational section of the work continued to be self-supporting. 1961 was a record year for sales of work. Through the kindness of St. Barnabus Church Council we were allowed a stall at their summer fete. We were also invited to take part in the Matson fete, and at Christmas held a stall at Hempsted Women's Institute. A little over £50 was raised at our Annual Bazaar held at Palmer's Hall in October.

As a result of successful sales, etc., the cost of several outings and parties was met from the Handicraft Account. Several prizes were won in the handicraft section of the Bristol Show for Blind Gardeners. One old lady of 85 (totally blind) was highly commended for her plain sewing.

Social activities included concerts, bring-and-buy sales, topical talks, simple games, including "Bingo", - this game can be made more suitable for blind people by using two packs of cards. This method is also useful in that it provides good practice for new readers in braille. A Christmas dinner was enjoyed at the Fleece Hotel. As a side line, £20 was raised from the sale of Christmas cards. This sum was put away for the purchase of a record player which is always invaluable to any social club. As people become older, work for the blind becomes more difficult. It is sometimes impossible to encourage them to do more than sit and talk.

Through the kindness of an entertainer we were able to replace a very defective piano at Palmer's Hall with a much better instrument. A "Damp Chaser" fixed inside the piano has proved a successful means of keeping the instrument dry and in working order.

The National Library for the Blind, and Talking Book Library continued to provide a service for members. No new book machines were received in the City in 1961. Two new readers became members of the National Library. Members greatly appreciate having postage paid both ways on parcels of books and records. There appears to be complete co-operation with the postal services.

An enjoyable fortnight's holiday was spent at the Burlington Hotel, Weymouth, by 31 blind people and escorts in early October. It is pleasing to report there was no illness or casualty during the holiday. Each person contributed £2 towards the cost of the holiday, the remaining cost was generously met from charitable sources.

As a result of the annual "Wireless for the Blind" appeal, a number of transistor radio sets came to Gloucester City. Our Voluntary Society for the Blind act as agents in distributing radio sets to blind persons on behalf of the National Institute for the Blind. The Wireless Telegraphy Act (1926) enables a blind person to use a receiving set without payment of a licence. There is now a reduction of £1 on a television licence for a blind person.

Throughout the year voluntary helpers gave invaluable service in many ways. Those who acted as visitors to the elderly played a very special part in supplementing home teachers' visits.

As time goes on we note an increase in multiple visiting by "Welfare Officers" (including ourselves). It is quite common for a family to be visited by five or more officials who sometimes, quite accidentally, give conflicting advice which may cause confusion and even waste of time and energy.

We were very grateful to Norton Women's Institute at Easter for the gift of eighteen dozen eggs for distribution to elderly sick people.

Through this little report we are only able to give a very brief picture of some of the work for the blind carried out during the year under review. There never seems to be a dull moment, and there is no chance of getting away with anything. If for any reason a visit has been omitted, we are promptly reminded, usually by telephone.

In conclusion we acknowledge the help of all statutory and voluntary organisations, and individuals, too numerous to mention. We also thank Dr. Cookson and staff of the Health Department.

#### Total Blind Population, 1961

TABLE I

Age Periods									
0-1	1-4	5-15	16-20	21-39	40-49	50-64	65-69	Over 70	Total
1	-	-	-	8	14	29	30	105	187

TABLE II

#### Ages at which Blindness occurred

0-1	1-4	5-10	11-20	21-29	30-39	40-49	50-59	60-69	Over 70
12	5	5	4	11	11	17	22	25	75

No new case of Retrolental Fibroplasia was notified during the year.

#### Deaf

The number of cases on the Register of the Diocesan Association is now 78. In addition, of course, are the many Hard-of-Hearing.

The Diocesan Association continues its work from the Centre - St. Mary's Square,

The work of Mr. Mower and his team at the Hospital, and that of the peripatetic teachers (for whose services we pay the County Health Committee on a per capita basis) continues successfully also.

## SECTION F

### SANITARY CONDITIONS OF THE AREA

I give below a report from the Chief Public Health Inspector.

I beg to report on the work of the Public Health Inspectors during the year 1961.

Once again there has been a substantial increase in the amount of meat inspection work due to the operation of the two slaughterhouses opened in 1960. In fact, the meat inspection carried out in 1961 was more than double that of 1960 and nearly six times that for the year 1959. Meat inspection now occupies the full time of two inspectors and is likely to increase again this year.

The establishment of a large ice cream factory at Barnwood for Messrs. T. Wall & Sons (Ice Cream) Ltd. also meant more work for your inspectors. One effect of this is seen in the large increase in the number of ice cream samples submitted for bacteriological analysis. Out of 98 samples taken 95 (or 97%) were placed in Grades I or II. Fifty-five of these were from Walls and all were Grade I or II; a very satisfactory result indeed and indicative of the strict hygienic control exercised in this modern factory. It is also very gratifying to note that of the remaining 43 samples taken from local manufacturers and shop premises 93% were placed in Grade I or II.

The milk pasteurising plants in the City are also efficiently run and all 116 samples taken satisfied the statutory tests.

Slum clearance work virtually came to an end and only two small areas with a total of seven houses were represented to the Committee during the year for clearance procedure. The suspension of Clearance Area procedure for the time being will mean that more active measures will have to be taken to prevent further decay of the older premises and it is hoped that greater advantage will be taken of improvement grants, particularly by landlords of rented premises. More attention, too, will have to be paid to houses in multiple occupation. Conditions in many of these houses are very poor indeed and sadly lacking in the more essential facilities.

Staff changes during the year saw Mr. G. J. Ainscough depart to Malvern; Mr. R. E. Workman returned to us after a short spell at Gosport; Mr. J. Bourne and Mr. J. Richards from Leicester and Nottingham respectively joined our staff and Mr. A. Savery commenced as a student Public Health Inspector.

The following is a summary of the inspections made during the year 1961.

Public Health Acts

Dwelling Houses on Complaint	628
Moveable Dwellings	169
Offensive Trades	29
Marine Stores	6
Refuse Tips	9
Offensive Accumulations and Deposits	26
Stables and Piggeries	5
Workplaces	7
Schools	17
Offices	4
Hairdressers and Barbers	7
Theatres, Cinemas, Fairs, etc.	21
Public Sanitary Conveniences	441
Common Lodging Houses	22
Dirty and Verminous Premises	52
Insect Infestations	48
Drain Tests	65
Re-Visits	736
Work in Progress	159
Caravan Sites	17

Housing

Houses Inspected	455
Basement Dwellings	7
Houses Let in Lodgings	13
Rent Acts Inspection	2
Re-Visits	370

Food and Drugs

Bakehouses	38
Bakers (Bread and Cake Shops)	15
Butchers Shops	131
Canteens and Clubs	83
Confectioners	38
Restaurants and Cafes	109
Fishmongers	66
Fried Fish Shops	20
Greengrocers and Fruiterers	65
Grocery and Provisions	324
Dairies	37
Milk Distributors	19
Ice Cream Manufacturers	64
Ice Cream Vendors	25
Food Preparation and Storage Premises	83
Wholesale Food Premises	200
Public Houses	62
Food Vehicles	27
Milk Vehicles	11
Ice Cream Vehicles	2
Pet Meat Shops	4
Samples - Bacteriological	246
- Biological	3
Food and Drugs Samples - Formal	219
- Informal	74
Water Samples	5
Feeding Stuffs and Fertilizer Samples - Formal	14
- Informal	3

### Clean Air Act

Inspections - Dwelling Houses	4
- Commercial Premises	10
- Factories	52
- Others	11
Smoke Observations (hours)	235
Re-Visits	843

### Factories Act

Factories - Power	49
- Non-Power	2
Outworkers	1

### Port Health

Vessels - Foreign Going	92
- Coastwise	4
Canal Boats	6
Rodent Control	39

### Miscellaneous

Shops Act	17
Pet Animals Act	1
Rag Flock Act	-
Rodent Control - Dwelling Houses	54
- Business Premises	57
- Others	53
Noise Nuisances	308
Infectious Disease Enquiries	1
Food Poisoning Enquiries	32
Others	1,167
Slaughterhouses	2,318
Merchandise Marks Act	53

The following is a summary of the notices served and complied with during 1961, together with outstanding notices complied with:-

	<u>Served</u>	<u>Complied With</u>
Informal	317	234
Statutory, Public Health Act	6	7
Housing Act	-	-
Factories, Power	3	2
Non-Power	2	-
Gloucester Corporation Act	10	11
Other Premises	15	14

### HOUSING - 1961

#### Orders Confirmed During 1961 - Compulsory Purchase and Clearance Orders

<u>Title of Order</u>	<u>Clearance Area Nos.</u>	<u>No. of Houses in Order</u>
Sandhurst Road Clearance Order	153	2

	Number of Houses	Displaced	
		Persons	Families
<b><u>HOUSES DEMOLISHED</u></b>			
<b><u>In Clearance Areas</u></b>			
Houses unfit for human habitation	91	311	105
Houses on land acquired under Sec. 43(2) Housing Act, 1957	1	5	3
<b><u>Not in Clearance Areas</u></b>			
As a result of formal or informal action under Sec. 16 or Sec. 17(1), Housing Act, 1957	-	2	1
Local Authority houses certified unfit by the Medical Officer of Health	1	4	1
<b><u>UNFIT HOUSES CLOSED</u></b>			
Under Secs. 16(4), 17(1) and 35(1), Housing Act, 1957	1	2	1

#### UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

(i) After informal action by Local Authority .. .. .. ..	161
(ii) After formal action under:	
(a) Public Health Acts .. .. .. .. .. .. ..	7
(b) Sections 9 and 16, Housing Act, 1957 .. .. ..	-

#### VERMINOUS PREMISES

Number of houses disinfested .. .. .. .. .. .. .. .. .. 26

All disinfestations were carried out with D.D.T. or B.H.C. compounds

#### OFFENSIVE TRADES

The following Offensive Trades were carried on in the City at the end of the year:

Dealers in rags and bones .. .. .. .. .. .. .. ..	1
Tripe Boilers .. .. .. .. .. .. .. ..	1
Tallow and Fat Melters .. .. .. .. .. .. .. ..	1
Number of Inspections made of the above premises .. .. .. ..	29

#### COMMON LODGING HOUSES

Number on Register .. .. .. .. .. .. .. ..	2
Number of Rooms registered for sleeping .. .. .. .. ..	20
Permitted number of lodgers .. .. .. .. .. .. ..	75
Number of Inspections .. .. .. .. .. .. ..	22

RODENT CONTROL

	Type of Property				(5)	
	Non-Agricultural					
	(1) Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)		
1. No. of properties in Local Authority's District (Notes 1 and 2)	65	19,521	3,578	23,164	10	
2. No. of properties inspected as a result of:						
(a) Notification	16	260	81	359	2	
(b) Survey under the Act	49	179	72	302	2	
(c) Otherwise (i.e. when visited primarily for some other purpose)	-	1,105	996	2,101	6	
3. No. of properties inspected (in Sec. 2) which were found to be infested by:						
(a) Rats (Major (Minor	13	222	72	322	2	
(b) Mice (Major (Minor	21	88	99	208	-	
4. No. of infested properties (in Sec. 3) treated by the L.A.	49	310	132	491	2	

FACTORIES ACT, 1937

Part I of the Act

Inspections for purposes of provisions as to health

Premises	Number on Register	Number of Inspections	Number of Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	40	5	2	-
Factories not included above in which Section 7 is enforced by the Local Authority	426	49	3	-
Other premises in which Section 7 is enforced by the Local Authority (not including out-workers' premises)	2	-	-	-
<b>TOTAL</b>	<b>468</b>	<b>50</b>	<b>5</b>	<b>-</b>

Cases in which Defects were found

Particulars	Number of Cases in which Defects were found				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) insufficient	1	-	-	1	-
(b) unsuitable or defective	5	1	-	4	-
(c) not separate for the sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	1	-	-	1	-
<b>TOTAL</b>	<b>7</b>	<b>1</b>	<b>-</b>	<b>6</b>	<b>-</b>

OUTWORK

Part VIII of the Act (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	Number of outworkers in August list reqd. by Sect. 110(1)(c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel. Making, etc.	10	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-
<b>TOTAL</b>	<b>10</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

# SECTION G

## INSPECTION AND SUPERVISION OF FOOD

<u>Type of Premises</u>	<u>Number</u>
<u>Registered or Licensed Food Premises</u>	
Dairies .. .. .. .. .. .. .. .. .. .. ..	7
Distributors of Milk .. .. .. .. .. .. .. .. ..	73
Tuberculin Tested Milk - Dealer's Licences .. .. .. .. .. ..	3
Pasteuriser's Licences .. .. .. .. .. .. .. ..	2
Dealer's (Pre-packed Milk) Licences .. .. .. .. .. ..	92
Ice Cream - Manufacturers, Hot Mix .. .. .. .. ..	4
- Vendors .. .. .. .. .. .. .. ..	258
Preserved Meat .. .. .. .. .. .. .. ..	34

### Other Food Premises

Bakehouses .. .. .. .. .. .. .. .. ..	18
Butchers' Shops .. .. .. .. .. .. .. ..	58
Cafes, Restaurants and Canteens .. .. .. .. .. .. .. ..	116
Wet and Fried Fish Shops .. .. .. .. .. .. .. ..	30
General Food Shops .. .. .. .. .. .. .. ..	229
Greengrocers .. .. .. .. .. .. .. ..	49
Public Houses .. .. .. .. .. .. .. ..	94
Wholesale Premises .. .. .. .. .. .. .. ..	26
Food Factories .. .. .. .. .. .. .. ..	15
Sweets and Tobacco .. .. .. .. .. .. .. ..	64

### The Milk (Special Designation) Regulations, 1960

The results of samples of milk taken under the above Regulations were as follows:-

Designation	Methylene Blue Test		Phosphatase Test		Biological Exam (Tuberculosis)		Turbidity Test	
	Satis.	Unsatis.	Satis.	Unsatis.	Pos.	Neg.	Pos.	Neg.
Pasteurised	66	-	74	-	-	-	-	-
Sterilised	-	-	-	-	-	-	-	6
Tuberculin Tested (Pasteurised)	41	-	42	-	-	-	-	-
Tuberculin Tested (Rgn.)	5	-	-	-	-	6	-	-
<b>TOTAL</b>	<b>112</b>	<b>-</b>	<b>116</b>	<b>-</b>	<b>-</b>	<b>6</b>	<b>-</b>	<b>6</b>

### Food and Drugs Act, 1955

The number of samples taken for analysis during the year was as follows:-

Number Taken	Satisfactory		Unsatisfactory	
	Formal	Informal	Formal	Informal
246	175	61	9	1

### Ice Cream

The number of samples taken for analysis during the year was as follows:-

Number Taken	Grade I	Grade II	Grade III	Grade IV
98	86	9	2	1

CARCASES INSPECTED AND CONDEMNED DURING THE YEAR 1961

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	15,933	864	2,729	59,614	28,214
<u>All Diseases Except Tuberculosis</u>					
Whole carcases condemned	2	5	11	14	26
Carcases of which some part or organ was condemned	3,960	306	8	1,658	2,360
Percentage of the number inspected affected with disease other than Tuberculosis	24.86	35.9	0.69	2.8	8.04
<u>Tuberculosis Only</u>					
Whole carcases condemned	1	-	-	-	-
Carcases of which some part or organ was condemned	19	5	-	-	546
Percentage of the number inspected affected with Tuberculosis	0.12	0.57	-	-	1.9
<u>Cysticercus Bovis Only</u>					
Whole carcases condemned	1	-	-	-	-
Carcases of which some part or organ was condemned	90	1	-	-	-
Percentage of the number inspected affected with Cysticercus Bovis	0.57	0.11	-	-	-

Disposal of Unsound Food

All unsound meat was disposed of within the City, being converted into fertiliser, etc., by a process of steam sterilisation. All other unsound foods were disposed of by burial on the Corporation's controlled refuse tip.

Slaughterhouses

Number of Licensed Slaughterhouses in the City .. ..	3
Number of visits to Slaughterhouses for inspection of carcases .. .. .. .. .. .. .. ..	2,318

Food Poisoning

Total number of outbreaks .. .. .. .. .. .. ..	1
Number of cases .. .. .. .. .. .. .. ..	13
Number of deaths .. .. .. .. .. .. .. ..	Nil
Organisms responsible .. .. .. .. .. .. .. ..	Not identified
Food involved .. .. .. .. .. .. .. ..	Not identified

# SECTION H

## PORT HEALTH

### SECTION I - STAFF

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Other Appointments Held
Dr. Charles Cookson	Port Medical Officer	1.4.34	M.D., D.P.H.	Medical Officer of Health, City of Gloucester.
R. I. Williams	Port Health Inspector	24.9.56	D.P.A. M.P.H.I.A.	Chief Public Health Inspector, City of Gloucester.
G. W. Alexander	Assistant Port Health Inspector	24.9.56	M.P.H.I.A.	Public Health Inspector, City of Gloucester.
Capt. H. H. Burbridge	Assistant Port Health Inspector	7.3.55	Master Mariner's Certificate B. of T.	Harbour Master.
Address and telephone number of the Medical Officer of Health	.. .. .. ..		Health Department, Greyfriars, Gloucester.	
				Gloucester 24416/7.
Telegraphic Address	.. .. .. ..		Portelth, Gloucester.	

### SECTION II - AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

	Number	Tonnage	Number Inspected		Number of ships reported as having or having had infectious disease on board
			By the M.O.H.	By the P.H.I.	
Foreign Vessels	149	70,831	1	148	-
Coastwise	3,694	301,359	-	3	-
<b>TOTAL</b>	<b>3,843</b>	<b>372,190</b>	<b>1</b>	<b>151</b>	<b>-</b>

### SECTION III - CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	.. .. .. ..	Number of Passengers inward	.. ..	Nil
	.. .. .. ..	Number of Passengers outward	.. ..	Nil
Cargo Traffic	{ Principal Imports - Timber, Grain, Fertiliser, Telegraph Poles, Pit Props, Apple Pomace (Principal Exports - Nil.			
Principal Ports from which ships arrive	- France, the Low Countries, Scandinavia, the Baltic Countries and Russia.			

#### SECTION IV - INLAND BARGE TRAFFIC

The main traffic is with petrol, timber and grain to Gloucester, Worcester and Stourport.

#### SECTION V - WATER SUPPLY

Mains water supply from the City of Gloucester water undertaking has been made available to shipping since October, 1955, the water being supplied to the ships by hydrants placed at certain points at the dockside.

#### SECTION VI - PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

A summary of the list of infected areas, amended periodically, is distributed to all concerned.

Any radio message received at any of the Bristol Channel Receiving Stations is telephoned immediately to the Authorities at Sharpness or to the telegraphic address of the Port Medical Officer.

Mooring stations are provided at (a) the South Western extremity of the Floating Dock, (b) the tidal basin, (c) Northwick Buoy.

Hospital accommodation for infectious diseases (other than smallpox) is at Over Hospital, Gloucester, where persons and their clothing would be disinfected.

#### SECTION VII - SMALLPOX

Cases of smallpox would be taken to the Bristol Smallpox Hospital.

#### SECTION VIII - VENEREAL DISEASES

Information given where there are facilities in the area for the diagnosis and treatment of venereal diseases.

#### SECTION IX - CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

Table D - Nil.

#### SECTION X - OBSERVATIONS ON THE OCCURRENCE OF MALARIA ON SHIPS

Nil.

#### SECTION XI - MEASURES TAKEN AGAINST SHIPS WITH OR SUSPECTED OF PLAGUE

Nil.

#### SECTION XII - MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

All ships arriving from foreign ports are inspected by the Port Health Inspector for evidence of rodents.

Ships and warehouses in Gloucester Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examination of rodents is carried out at the Gloucestershire Royal Hospital, Southgate Street.

#### TABLE E

Rodents destroyed in the year from foreign ports .. .. .. Nil

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from Foreign Ports:-

TABLE F

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued	Total Certificates Held
After Fumigation With	After Trapping	After Poisoning	Total			
H.C.N.	Other Fumigant					
Nil	Nil	Nil	Nil	Nil	23	23

SECTION XIII - INSPECTION OF SHIPS FOR NUISANCES

TABLE G

Inspections and Notices

Nature and Number of Inspections		Notices Served		Result of Serving Notice
		Statutory	Others	
British	21	-	-	
Foreign	131	-	-	
<b>TOTAL</b>	<b>152</b>	<b>-</b>	<b>-</b>	

# SECTION J

## SCHOOL HEALTH SERVICE

### EDUCATION COMMITTEE

1960/61

1961/62

Chairman:

Alderman Mrs. M. L. Edwards

Chairman:

Alderman Mrs. M. L. Edwards

Vice-Chairman:

Councillor A. H. George

Vice-Chairman:

Alderman A. H. George

Members:

The Mayor (Ex-Officio)

The Mayor (Ex-Officio)

Alderman W. J. Smith (Ex-Mayor)

Alderman W. J. Smith

Alderman E. J. Langdon

Alderman E. J. Langdon

Councillor I. C. Pritchard

Councillor Mrs. L. R. Langdon

Councillor Mrs. L. R. Langdon

Councillor I. C. Pritchard

Councillor Mrs. F. E. Fitch

Councillor C. Collins

Councillor C. Collins

Councillor V. S. Waters

Councillor V. S. Waters

Councillor A. G. Neal

Councillor A. G. Neal

Councillor B. G. Cooke

Councillor B. J. Cooke

Councillor Mrs. F. S. Creese

Councillor Mrs. F. S. Creese

Councillor B. Gale

Councillor H. K. Fisher

Councillor H. K. Fisher

Councillor P. G. Clay

Councillor P. G. Clay

Rev. K. F. Evans-Prosser

Councillor K. A. H. Hyett

Rev. W. G. E. Quicke

Rev. K. F. Evans-Prosser

Rev. Canon M. J. Roche

Rev. Canon M. J. Roche

Mr. P. W. Robinson, B.Sc.

Rev. A. Wilde

Mr. L. A. Buttling, B.Com.

Mr. P. W. Robinson, B.Sc.

Mr. C. H. Glover

Mr. L. A. Buttling, B.Com.

Mrs. M. Taylor

Mrs. M. Taylor

Mr. B. R. P. Webber

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Services for 1961.

The statistics of the School Health Service reveal no significant changes over the past two years. The school population is almost stationary, although the primary school numbers show a further slight fall, but this is unlikely to go much further in view of the tendency of the birth rate to rise again. Figures that perhaps call for comment are the rise in the number of cases referred to the Child Guidance Clinic, and the Dental Statistics. The latter figures show an increase in conservative treatment, orthodontics and fillings as compared with extractions. Estimates show a considerable drop compared with the 1959 Report. The increasing number of referrals to the Child Guidance Clinic reflects the growing importance of this work and again emphasises the need for an Educational Psychologist to work in the School Health Service. Unfortunately, no suitable applicant has so far been found.

Periodic medical examinations for children by age groups have, for some time, been felt to be possibly not the best method of using the School Medical Resources, and since 1953 Local Education Authorities have been encouraged by the Ministry of Education to experiment with new forms of examination. The intermediate periodic examination has accordingly been abolished and replaced by a selective examination in the junior schools. The schools are visited annually and selected children are seen, each for some specific reason. These are selected for examination by the Head Teachers, the parents, through a questionnaire sent to every parent each year, the School Nurse and by the Medical Officer at previous medical inspections. Also, the four or five bottom children of each stream are examined in case there is some medical reason preventing them from profiting to the full from the educational opportunities. Already the impression is gained that this has been a rewarding change, but before any further re-organisation of the School Health Service is contemplated, further study of the whole subject is needed. An investigation into all the evidence of visual defects in secondary school children is being undertaken, as a preliminary impression suggested a significant difference in the existence of these defects between grammar schools and secondary modern schools.

The special schools child still occupies a considerable portion of the School Medical Officer's time, as interviews with parents, child and teacher are all required in each case before a placing is advised, and in many cases, reports for the Child Guidance Clinic are required as well. Archdeacon Street and Longford Schools provide valuable opportunities for the educationally subnormal child where he can develop his full potentialities of mind and character without the warping stress of trying to keep up in the ordinary schools. The School Leavers' Club at Longford run by the Headmaster is pioneering an excellent service in the case of the adolescent both as regards social opportunity and in the finding of suitable employment for the handicapped youth. This Club is open to children from other schools, if they need its help.

The children who attend Oak Bank School are no longer predominantly the delicate children but it now embraces special school children of almost all categories. Some of the most difficult to deal with are the maladjusted children, but several of these have been very well cared for at Oak Bank and show great improvement in their ability to mix with their fellows.

The Preventive Innoculation programme has been vigorously pursued throughout the year, although in the last four months of the year, the anti-polioiomyelitis inoculations had to be slowed down owing to shortage of vaccine, but next year the oral vaccine should be available and the drive to complete fourth immunisations for all school children will be continued.

The minor ailments treatments at School Clinics are now very few and the Central School Clinic, apart from containing the administrative machinery of the School Health Service, is mainly a consultative clinic where problems arising in connection the school child can be more fully investigated and dealt with than in the schools or at School Medical Inspections. A few medical conditions are still seen, often at the teacher's request, such as skin rashes for diagnosis or opinion as to their infectivity, school injuries, infestation and plantar warts. An endeavour to find a more effective method

of treating plantar warts has met with some success and a special report by Dr. Hansen on his original work follows this introduction.

During the last quarter of the year Dr. Baker has been seconded to take a D.P.H. course and the work has largely been carried by Drs. Wootton and Feilden working part time. For their willing co-operation and efficient handling of all the routine work of school activities I am most grateful and wish to record my thanks.

Despite repeated advertisements we have been unable to replace our Speech Therapist this year, but further efforts are continually being made and ways of making the post more attractive are under consideration.

I should like to draw your attention to the Principal School Dental Officer's report where there is further evidence of the admirable contributions being made by his department to Dental Health Education and Preventive Dentistry.

The helpful co-operation of the Chief Education Officer and his staff has been much appreciated and also the willing support of all heads of schools for the health activities in their schools.

In my general introduction to my report on the health of the City, I have commented upon the work of Dr. Baker (Deputy) and Dr. Hansen (Assistant) and there is no need to repeat it here; but for the benefit of those who see this School Medical Report only, I would add that they carry out the whole of the School Medical work. Their work will be made lighter when we are able to appoint an Educational Psychologist who, amongst other duties, will undertake most of the routine intelligence testings. I can hardly thank them adequately for all the new thought they bring to the work and their carrying out of their duties generally.

I would like to echo the same feelings of gratitude to the Principal School Dental Officer, and for the same reasons. As his report tends to get lost at the very end of this report, I am putting it next to this introduction in order to emphasise its importance

In conclusion, Madam Chairman, may I thank you and your Committee for your unfailing consideration and support.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient Servant,

Charles Cookson.

Principal School Medical Officer.

## DENTAL TREATMENT

### Report by Mr. J. P. Wilson, Principal School Dental Officer

The first full year in Ivy House was an encouraging one in many ways. There were two additions to the part-time dental staff - Mr. Ian M. Paterson in April and Mr. David J. Edwards in October. Casual help was given by Mr. L. G. Phelps. The other part-time officers, Messrs. R. G. Boodle, M. J. Bartlett, J. R. Cond and N. Tibbitts, and Dr. L. V. Martin, anaesthetist, continued to give valuable assistance. As the result of the increase in staff, a greater volume of treatment was done than ever before. Dental Health education continued apace with a 'tuck shop' survey and a report on the school meals apple experiment as the highlights.

A circular concerning the dental health of school children was sent to all the 49 schools in the City. The following questions were asked:-

- (1) Is there a tuck shop at your school?
- (2) If there is no tuck shop, is food or confectionery sold during breaks or lunch time?
- (3) If either of the above obtains at your school, what is sold?

A reply was received from every school and a summary follows:-

Primary Schools (33) - 2 tuck shops.  
28 sold biscuits, etc., 7 of whom also sold apples.  
2 sold apples only.  
4 sold no food of any kind.

Secondary Schools (13) - 6 tuck shops.  
11 sold biscuits, etc. One sold apples as well.  
2 sold no food.

Special Schools (3) - 2 tuck shops, selling biscuits, etc.  
1 sold nothing.

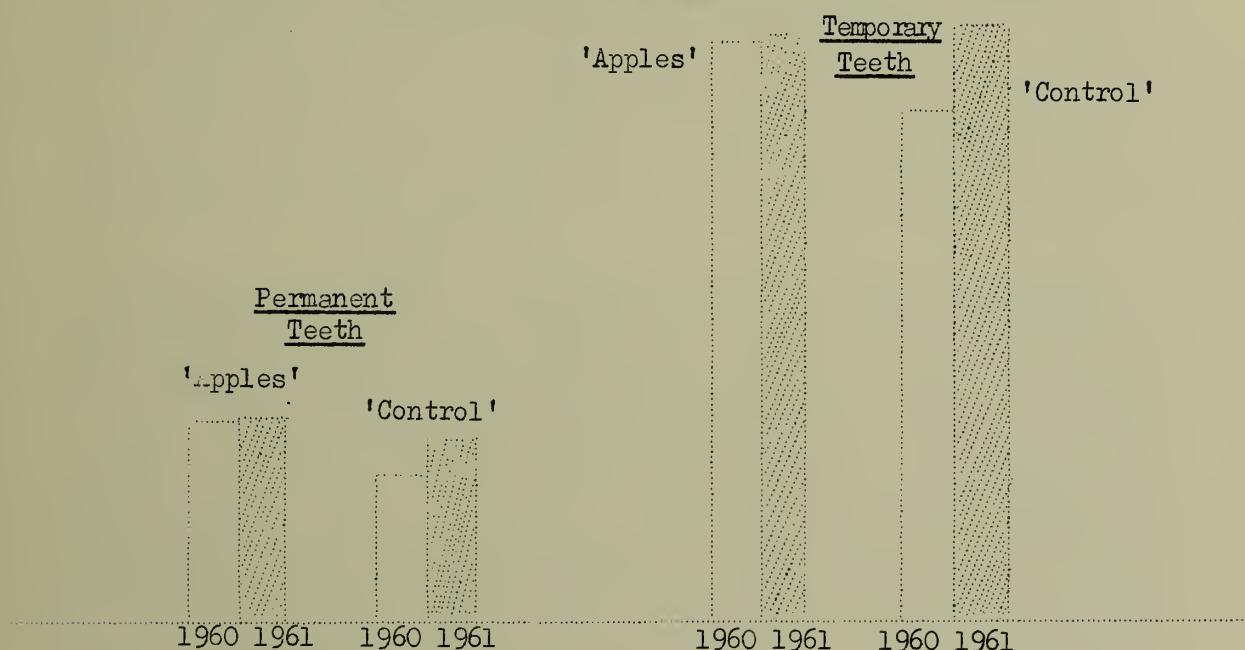
The replies that accompanied some of the circulars made interesting reading and it would not be unfair to say that there appeared to be an attempt to justify the sale of biscuits and other items. It was stated that "a biscuit was to prevent the bringing of large lunches"; "some children had a biscuit with their milk because they did not eat any breakfast"; "a biscuit is more suitable than some things brought for lunch"; "a biscuit was in place of large cakes, sandwiches, etc., formerly provided by parents"; and "a plain biscuit in lieu of large chocolate biscuits and sickly cakes". One reply suggested that because "children are met at school gates and given choc or ice lollies", why bother about a plain biscuit? One head teacher stated emphatically, "I do not consider a biscuit would do any more harm to teeth than the food eaten at midday by children having school meals". It is apparent from these replies that many heads thought that a biscuit was the lesser of two evils, and that "there was less wastage after the midday meal since children have had biscuits instead of dripping cakes, etc., during the morning!"

Prior to the sending of the circular to the schools, the Education Officer had said in a letter to me, "I am pleased to be able to place on record the Committee's great satisfaction with the progress made in forestalling dental decay by encouraging children to eat apples and carrots instead of buns and biscuits. The Committee hopes that you will be able to increase the scope and success of your effort in this respect". The school staffs are not unsympathetic despite the fact that tuck shops and the like bring in school funds, although actually only one reply mentioned the profit angle - "proceeds from the school tuck shop produce the school magazine". In a good apple season they can be sold at a profit during the greater part of the year, but generally it is difficult to make ends meet when they are sold at twopence each. In an effort to mitigate this problem, a letter was sent to a very well-known potato crisp firm suggesting they produced a smaller pack to sell at twopence

or threepence, but eventually a firm who advertised nuts in the British Dental Journal was approached and now some six schools are selling nuts. One head teacher recently stated that he had made bigger profits on nuts than he had ever made on biscuits and with an easy conscience. I am appreciative of the backing of the Education Committee and of the co-operation of the head teachers in returning the questionnaire and for taking this matter seriously.

Early in 1960 the Ministry of Education made it clear that, whilst they could not finance the suggested proposal of providing each child with two complete slices of raw apples after each school meal, they were interested in any such experiment on a small scale. The Education Committee then authorised the inauguration of such an experiment. The scholars at two junior schools each received an apple, or half an apple, after each school meal. Two comparable schools were used as controls. A dental inspection was carried out at all four schools before the experiment began, and again after twelve months. The statistical method used was to record the number of decayed, missing or filled teeth, known as the D.M.F. rate, and the average per child made. A diagram is included and shows the figures for the larger school and its control. The smaller school transferred so many of its scholars as to make the statistics of no value.

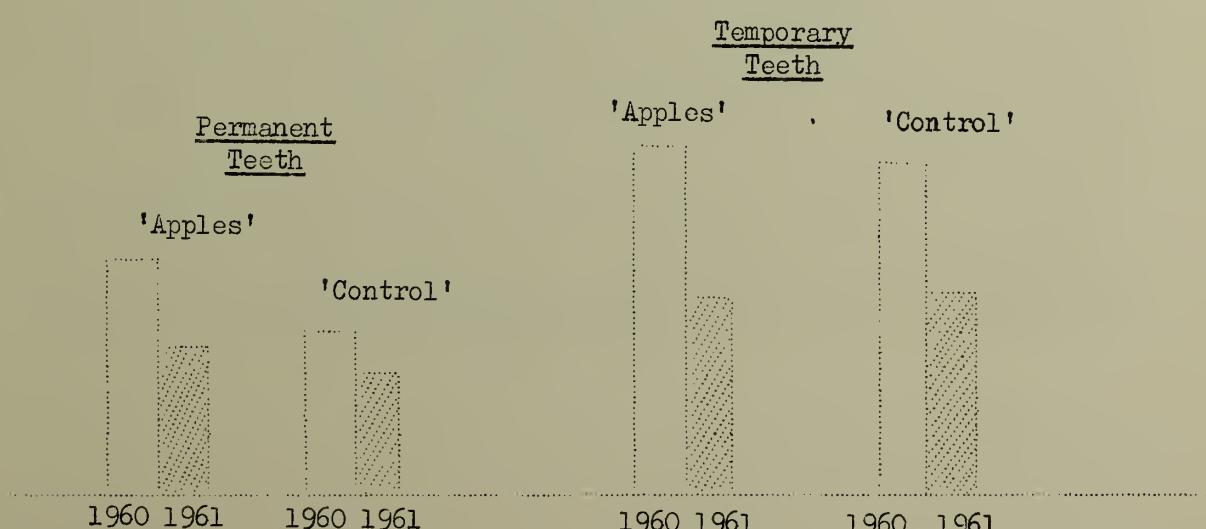
D.M.F. RATE PER SCHOLAR INSPECTED



It will be observed that, although the control school started the year with much better teeth, the 'apples' school almost overhauled them by the end of the year.

When dealing with decayed teeth, the improvement was again more marked at the 'apples' school. The second diagram illustrates this point.

DECAY RATE PER SCHOLAR INSPECTED



The control school was one of those scorning to sell any food at school whatever.

The Committee were impressed by these results and have agreed to continue the experiment at these schools with the inclusion of the infant departments in order to get a more comprehensive picture.

The usual table required by the Ministry of Education is appended. An analysis of these statistics and a comparison with previous tables and records reveal some interesting facts.

The 4,307 scholars inspected at school was the greatest number since 1953. The highest number ever inspected in one year at the schools was 6,142 in 1934, when all the scholars between 5 and 14 years of age were seen. In that year 3,025 only were referred for treatment at the School Clinic and 1,932 actually treated. In 1961 the number inspected represents about two-thirds of the primary schools, the 5 to 11 year age group, but out of 2,741 referred for treatment 2,066 received it, and represented all those whose parents wished to have Clinic treatment. There is every reason to suppose that nearly all the rest attended for treatment in general practice.

It is interesting to note that as the routine or systematic inspection and treatment increases, the number of children receiving casual or emergency treatment decreases. In 1959 the figures were 1,373 routine patients and 1,259 emergency patients. In 1960, it became 1,289 to 1,177, and in 1961 there were 2,066 routine cases and 982 emergency cases. Another improvement is the ratio of permanent teeth filled and extracted. In 1959, slightly more permanent teeth were extracted than filled. It was the other way in 1960, and in 1961, for every second tooth extracted two were filled.

Two schools recorded a 90% acceptance rate for dental treatment, viz. Coney Hill Infants and Coney Hill Juniors; Archdeacon Juniors 89%; and Robinswood Juniors 86%. At Coney Hill Junior School there has been a determined effort to tackle the dental problem. They have been consuming raw apples and carrots from the inception of the Dental Health Education Campaign, at the same time ceasing to sell biscuits. First year scholars have a toothbrush at school which is used properly, under instruction, after each midday meal. Posters and visual aids have been used, the whole school seeing the film "A Tooth in Time" at a morning assembly. At the 1961 prize day, the Headmaster gave a large part of his report to this subject and I presented the prizes. Need one say that there has been a marked improvement in oral hygiene and in dental health. It was necessary to refer 84% for dental treatment in 1959, but only 69% in 1961, and child per child of those referred less treatment was needed. A high acceptance rate, early treatment and an intense oral hygiene instruction have achieved some measure of success, but if this could be coupled with the fluoridation of the local water supply, what could we not achieve?

The School for the training of Dental Auxiliaries at New Cross was visited twice, on the second occasion with Dr. Charles Cookson and Mr. R. N. Dean, the Assistant Education Officer. The first contingent of Dental Auxiliaries will be available to local authorities in September, 1962, and it is hoped to appoint one at Gloucester. It is generally understood that the Gloucester Education Committee was the first to make provision for the appointment of a dental auxiliary. A minute to this effect was recorded in September, 1960, the month before the school commenced at New Cross. These young women, selected from many hundreds of applicants, are trained to do simple fillings, mainly in deciduous teeth, and to be thoroughly proficient in dental health education. They are to be employed by local authorities, and the Dentists Act of 1957 and the Dental Auxiliaries Regulations of this year state that they are to work under the direction and supervision of qualified dental surgeons.

It has been encouraging to be invited to school functions, although it has not been possible to attend all of them. The good relations existing between the members of the large team responsible for the welfare of the school children of Gloucester is a good sign. So, in concluding this report, I willingly thank the responsible Committees, the officials, the school staffs, the team at the Clinic, the parents, and last, but not least, the children themselves, for their help and co-operation.

Dental Inspection and Treatment carried out by the Authority

1.	Number of pupils inspected by the Authority's Dental Officers:	
	At periodic inspections	4,307
	At specials	982
		<hr/>
		5,289
		<hr/>
2.	Number found to require treatment	4,203
3.	Number offered treatment	3,695
4.	Number actually treated	2,984
5.	Number of attendances made by pupils for treatment (including those recorded at 11(h))	7,210
		<hr/>
6.	Half days devoted to: Periodic School Inspection Treatment	38
		1,046
		<hr/>
	Total	1,084
		<hr/>
7.	Fillings: Permanent teeth	2,831
	Temporary teeth	7
		<hr/>
	Total	2,838
		<hr/>
8.	Number of teeth filled: Permanent teeth	2,357
	Temporary teeth	7
		<hr/>
	Total	2,364
		<hr/>
9.	Extractions: Permanent teeth	1,241
	Temporary teeth	4,442
		<hr/>
	Total	5,683
		<hr/>
10.	Administration of general anaesthetics for extraction	2,878
		<hr/>
11.	Orthodontics: (a) Cases commenced during the year	38
	(b) Cases brought forward from the previous year	11
	(c) Cases completed during the year	15
	(d) Cases discontinued during year	4
	(e) Pupils treated with appliances	39
	(f) Removable appliances fitted	43
	(g) Fixed appliances fitted	-
	(h) Total attendances	375
		<hr/>
12.	Number of pupils supplied with artificial teeth	12
		<hr/>
13.	Other operations - Permanent teeth	1,651
	Temporary teeth	87
		<hr/>
		1,738
		<hr/>

## TREATMENT OF PLANTAR WARTS

Most methods of treating Plantar Warts have, in the past, relied either on physical removal of the warts by scraping or excision, or destroying them from outside by chemical or physical agents. All these methods share the disadvantage of being uncertain of cure, and in the case of Keratolytic applications like formalin or salicylic or other acids, the treatment may also be time consuming and the cure protracted. The scars following excision have occasionally been painful and also the seat of recurrence.

For these reasons a different method was sought and it was hoped to find one that would not take up much time in the School Clinics; that would not involve children in much loss of schooling due to repeated visits for treatment; and that would be reasonably certain in its action and results.

Chloramphenicol was known to have some effect on the larger viruses. It was, therefore, decided to use the drug to attack the wart on its more vulnerable buried surface, i.e. in the root of the wart.

At first, .2 cc. of Chloramphenicol succinate in 20% solution was injected through a small bore needle into the root of the wart through a point lateral to the wart, but as it was found to cause considerable pain, a small amount of local anaesthetic (.2 cc. of 2% novacaine) is injected first and the Chloramphenicol solution is given afterwards.

The results of this treatment are summarised in the attached table. Most of these children attended more than once, but this was only to check the result. As can be seen, the method has a high percentage of successful results, takes up little time in the clinic, and does not involve the child in repeated visits and so loss of school time.

It was questioned whether the effect was due to the Chloramphenicol as an antibiotic or due to the pressure effect of the injected fluid on the blood supply to the wart. This question has not been resolved - two cases were injected with sterile water only; in one of these the wart was killed but no effect was noticed in the other case.

Although further investigation is needed into this method of treatment, it is felt that sufficient cases have been treated to show that it offers an efficient method of treatment, more likely to succeed than many others, and less time consuming for children and clinic staff. Its one main disadvantage is that the injections are often painful, but no other untoward complications have occurred.

No inference is drawn from the girl/boy ratio, because the cases may have been selected from the girls' schools mainly. These results have been collected over a period of about one year.

### Summary of Cases treated

<u>Cases treated</u>	<u>Cases cured</u>	<u>Failed</u>	<u>Cases lost contact of or moved</u>	<u>% Cure</u>
69	60	4	5	87%

Number needing more than one injection for the cure of the same wart - 6.

### Failed Cases

2 recurred within three months.

2 refused further treatment after one injection only.

Girl/Boy ratio = 5 : 1

To collecting these figures and in following up the various children, the Health Visitor, Mrs. Tanner, who normally runs the actual clinic, has given most careful and patient attention, and the collation of the figures is largely her work.

## STATISTICS

Population of Gloucester	..	..	..	..	..	..	..	69,870
School Population	..	..	..	..	..	..	..	12,926

### Distribution of School Population

		<u>No. of Schools</u>	<u>No. on Rolls</u>
Primary Schools	..	33	7,026
Secondary Schools	..	13	5,584
Special Schools	..	3	316

## MEDICAL INSPECTIONS

Details of Special Inspections and Re-Inspections will be found in the Tables which follow:-

### Examination of children for:

Fitness for employment	..	..	..	..	..	300
Ascertainment and educational subnormality	..					106

### Examination of candidates for:

Teachers' Training Colleges	..	..	..	..	..	45
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## MASS RADIOGRAPHY SERVICE

Details of children examined during the year by Mass Miniature Radiography are as follows:-

	Male	Female	Total
Miniature Films	49	53	102
Large Films:			
Total recalled	-	1	1
Did not attend	-	-	-
Normal	-	1	1
Significant	-	-	-
Being investigated	-	-	-

## B.C.G. VACCINATION

### School Children Scheme (Circulars 22/53 and 7/59)

Number skin tested	..	..	..	..	..	..	739
Number found positive	..	..	..	..	..	..	169
Number found negative	..	..	..	..	..	..	551
Number vaccinated	..	..	..	..	..	..	536

### Students attending Further Education Establishments (Circular 7/59)

Number skin tested	..	..	..	..	..	..	-
Number found positive	..	..	..	..	..	..	-
Number found negative	..	..	..	..	..	..	-
Number vaccinated	..	..	..	..	..	..	-

## HANDICAPPED CHILDREN

### Archdeacon and Longford Schools

These are Special Schools for educationally subnormal children. Archdeacon has 90 places, of which 74 are occupied by City children, and Longford 143, of which 76 are from the City.

### Oak Bank School

Total attendance at the end of 1961 was 84, of whom 10 were from outside the City. The City cases are as follows:-

Delicate	..	..	..	..	..	..	..	..	42
Physically handicapped	..	..	..	..	..	..	..	..	24
Maladjusted	..	..	..	..	..	..	..	..	5
Partially sighted	..	..	..	..	..	..	..	..	2
Partially deaf	..	..	..	..	..	..	..	..	Nil
Speech defect	..	..	..	..	..	..	..	..	1

There were 22 admissions during the year.

This school could, in fact, accommodate a few more pupils, but owing to the heavy nature of the work, 88 is the maximum practical number.

### Home Teaching

Two children received home tuition because of their inability to attend any school. The causes of their disability were:-

Psychopathic illness	..	..	..	..	..	..	..	..	1
Muscular Dystrophy	..	..	..	..	..	..	..	..	1

Home teaching continued also through the year in the Children's Wards of the Gloucestershire Royal Hospital.

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In addition to the foregoing, there must be added handicapped children who attend Residential Schools outside the City.

Schools for the deaf and partially deaf	..	..	..	..	..	..	..	..	6
Schools for the blind and partially blind	..	..	..	..	..	..	..	..	1
Delicate children	..	..	..	..	..	..	..	..	Nil
Educationally subnormal	..	..	..	..	..	..	..	..	20
Physically handicapped	..	..	..	..	..	..	..	..	4
Maladjusted	..	..	..	..	..	..	..	..	7

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS

Table A - Periodic Medical Inspections

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1957 and later	205	205	-
1956	694	690	4
1955	364	360	4
1954	80	78	2
1953	34	34	-
1952	74	70	4
1951	177	174	3
1950	106	104	2
1949	24	24	-
1948	27	26	1
1947	540	540	-
1946 and earlier	412	412	-
<b>TOTAL</b>	<b>2737</b>	<b>2717</b>	<b>20</b>

Table B - Pupils found to require Treatment at Periodic Medical  
Inspections (excluding Dental Disease and Infestation with Vermin)

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For Any of the Other Conditions Reported in Part II	Total Individual Pupils
1957 and later	8	13	21
1956	23	67	90
1955	13	37	50
1954	6	11	17
1953	-	3	3
1952	5	6	11
1951	8	11	19
1950	11	14	25
1949	2	1	3
1948	-	-	-
1947	28	17	45
1946 and earlier	39	10	49
<b>TOTAL</b>	<b>143</b>	<b>190</b>	<b>333</b>

Table C - Other Inspections

Number of Special Inspections	..	..	..	..	..	..	..	110
Number of Re-Inspections	..	..	..	..	..	..	..	2,887
Total	..	..	..	..	..	..	..	2,997

Table D - Infestation with Vermin

Total number of examinations in schools by school nurse or other authorised persons	..	..	..	..	..	..	26,870
Total number of individual pupils found to be infested	..	..	..	..	..	..	541
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	..	..	..	..	..	..	Nil
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	..	..	..	..	..	..	Nil

Table A - Periodic Inspections

Disease or Defect	Periodic Inspections						Total	
	Entrants		Leavers		Others		Req. Treat.	Req. Obsv.
	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.		
Skin	2	39	2	17	1	8	5	64
Eyes - Vision	46	71	68	187	19	16	133	274
Squint	3	10	2	-	1	-	6	10
Other	1	3	1	3	1	1	3	7
Ears - Hearing	24	20	-	5	8	10	32	35
Otitis Media	2	8	-	2	-	1	2	11
Other	1	10	-	3	-	3	1	16
Nose and Throat	33	137	4	7	4	14	41	158
Speech	1	28	1	-	1	9	3	37
Lymphatic Glands	2	26	-	1	-	5	2	32
Heart	2	27	1	14	-	2	3	43
Lungs	8	45	3	28	1	13	12	86
Developmental:								
Hernia	2	25	1	1	2	11	5	37
Other	4	61	2	11	-	4	6	76
Orthopaedic:								
Posture	3	28	-	18	-	6	3	52
Feet	9	47	2	23	5	8	16	78
Other	4	9	1	12	-	1	5	22
Nervous System:								
Epilepsy	-	2	-	7	-	2	-	11
Other	-	-	-	-	-	-	-	-
Psychological:								
Development	5	9	-	-	3	15	8	24
Stability	3	44	-	6	6	11	9	61
Abdomen	-	-	-	-	-	-	1	1
Other	15	60	5	27	11	33	31	120

Table B - Special Inspections

Disease or Defect	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin	8	60
Eyes - Vision	124	639
Squint	1	35
Other	2	8
Ears - Hearing	29	65
Otitis Media	--	4
Other	-	9
Nose and Throat	46	132
Speech	11	62
Lymphatic Glands	3	30
Heart	10	51
Lungs	11	121
Developmental - Hernia	10	66
Other	19	80
Orthopaedic - Posture	5	47
Feet	17	84
Other	6	26
Nervous System - Epilepsy	3	17
Other	-	-
Psychological - Development	16	48
Stability	20	59
Abdomen	-	1
Other	42	161

PART III - TREATMENT OF PUPILS

Table A - Eye Diseases, Defective Vision and Squint

	<u>Number of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	24
Errors of refraction (including squint)	68
Total	92
Number of pupils for whom spectacles were prescribed	84

Table B - Diseases and Defects of Ear, Nose and Throat

	<u>Number of cases known to have been dealt with</u>
Received operative treatment:	
(a) for diseases of the ear	18
(b) for adenoids and chronic tonsillitis	250
(c) for other nose and throat conditions	33
Received other forms of treatment	10
	311
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1961	7
(b) in previous years	18

Table C - Orthopaedic and Postural Defects

	<u>Number of cases known to have been dealt with</u>
Pupils treated at clinics or out-patients departments	6
Pupils treated at school for postural defects	45
	51

Table D - Diseases of the Skin

(excluding uncleanliness, for which see Table D of Part I)

	<u>Number of cases known to have been dealt with</u>
Ringworm	
(a) Scalp	2
(b) Body	4
Scabies	-
Impetigo	8
Other skin diseases	12
	26

Table E - Child Guidance Treatment

	<u>Number of cases known to have been dealt with</u>
Pupils treated at Child Guidance Clinics	74

Table F - Speech Therapy

	<u>Number of cases known to have been dealt with</u>
Pupils treated by Speech Therapist	2

Table G - Other Treatments Given

	<u>Number of cases known to have been dealt with</u>
Pupils with minor ailments	1,174
Pupils who received convalescent treatment under School Health Service arrangements	18
Pupils who received B.C.G. Vaccination	536
Other - Appendix	14
Accidents	17
Burns	2
Hernia	4
Diabetes	2
 Total	 1,767



